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**Imagining Adulthood from the CC Terraces**

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# **Imagining Adulthood from the CC Terraces**

by

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## **Dissertation**

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## **Dedication**

*To the kids at the CC Terraces—to those before, now, later.*



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# **Imagining Adulthood from the CC Terraces**

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Researchers and policy makers have long been interested in understanding how growing up in impoverished neighborhoods impacts the life prospects of minority youth. This dissertation argues for understanding the relationship between place and life outcomes by examining how young people's everyday experience of place takes on significance and exerts a formative influence on their sense of aspirations. It focuses on exploring the everyday encounters that shape what young people learn about their community and their life prospects, and how they use these experiences to assess their future options and opportunities. In order to examine how these daily experiences and the internalization of place connects early to later life, I integrate research from youth geographies, geographical studies of place attachment, and childhood development literature on attachment theory to develop a conceptual framework that 1) examines young people's everyday surroundings as landscapes of care, 2) focuses on how these landscapes provide or deny support, and 3) theorizes how this caregiving relationship to

place develops in ways that leave young people with secure or insecure beliefs about their ability to attain social support and to perceive themselves as valued and deserving. I use this framework to examine what American and Latino youth (9–18 years old) who lived in the CC Terraces, a public housing community in South Benson, learned about their community and their life prospects, as well as how they interacted with their daily surroundings as a landscape of care. I gathered participant observations from close to three years of ethnographic fieldwork, and conducted walking tours with youths and semi-structured interviews with adult community members. My findings suggest that young people, through experiencing a stigmatized and volatile landscape of care, can form an insecure attachment to place that is developmentally relevant. Through this insecure attachment, they adopt coping mechanisms that enable them to receive more care and buffer against stigma but yet leave them vulnerable to internalizing negative affects and to self-doubt. As a result, they become unsure about whether they can attain the social support necessary to reach their goals and whether they can hold on to their aspirations in the face of probable loss of care.

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## Notes

- The names of the people and places are pseudonyms.
- All the quotations, when not preceded by a citation, represent **participant's voices**. These voices, the list of participants who appear in these dissertation, are outlined in the [Who's Who](#) section of the Appendix.

## **Preface**

### **Conceptualizing the Research**

A few years ago, while working in Washington DC, I led an arts-based education program at a high school in a disinvested neighborhood. One day, while giving a lesson, I asked Malik to tell me about DC, where he grew up, and the places around him. He responded firmly, “I don’t live in DC that’s where the president and all that is. I live in Washington.” He then proceeded to tell me about the differences between what he saw as two separate places with divided opportunities, life-chances, and prospects of upward mobility. I began my dissertation research with this and similar encounters in mind. I wondered how young people who grow up in marginalized neighborhoods begin to think about where they start out in life and who they are and might become through learning about where they live.

I wanted to examine how, because of place, young people encountered particular messages about how they should grow up, what pathways they should follow or avoid, what opportunities are and are not available, and more fundamentally what future selves are possible, probably, or out of reach. This dissertation, therefore, is concerned with examining how young people’s aspirations and perceptions of self develop out of everyday experiences in and of place. Using encounters, forms of contact between people, places, and things, provides a useful way of examining the norms, values, and attitudes that are exchanged as one body comes into contact with another (Valentine 2008). Examining the messages that young people receive as they encounter their

neighborhood—through the people in it, the places they go, what they see around them, the stories they hear about where they live—can provide insights into what they learning about how they should be growing up and what future options are available for people from around here.

Focusing on the messages young people encounter as they talk to their neighborhood, receive advice about where to play and hangout and who to be like or not, hear others describe where they live and what they think about the lives and life chances of those who live there, and as they look around them and form opinions about their surroundings, provides a way to examine how place comes to matter (or not) in shaping their ideas about themselves and their possible future options. Studying these forms of everyday encounters of place provides a way to examine and ask: 1) what type of relationship between self and place is forming, and 2) what kinds of self-perceptions are emerging and becoming meaningful, and perhaps transformative.

Although some encounters are easier to read while others are harder and present limitations to what can be known and stated with assurance from examining relational encounters (Philo 2006), this mode of examining what emerges through forms of contacts and relationships, also highlights the context that is producing such encounters. Meaning, understanding particular messages and norms that are exchanged via encounters is as important as paying attention to the range of possible encounters and messages that are more or less likely to transpire. This study therefore sought to examine the messages that young people are encountering and internalizing through place as well as how urban marginalization and place stigma shapes the nature of possible encounters and influences

the types of information, advice, ideas, and affects that are potentially transmitted.

Emotions, as Davidson and Milligan (2004) state, influence “our sense of who and what we are” (p524). Our ability to imagine and project a future self is shaped by how we feel. The emotions that guide these ways of knowing ourselves and planning our futures are not simply internally produced. Rather these emotions emerge out of relationships between people as well places (Davidson and Milligan 2004). Understanding the emotions that drive young people’s aspirations, therefore, stems from examining the affective capacities that are generated as they encounter and relate to their daily life places and as particular emotions become sticky and internalized.

Affects are often described as preceding emotions. Affects are not feelings that can always be named and expressed. Rather, an affective potential is what is generated out of relational encounters among different bodies. What is important, is how the transmission of affects become engineered (Thrift 2004), and how this transmission determines people’s capacity to become affected and to then act in different ways (Pile 2010). While affects are engineered by and shape political conditions, emotions, in this perspective, can be seen as emerging out of particular affective capacities and becoming consciously expressed as “the most intense (most contracted) expression” of affect (Massumi 2003, 35 cf Curti et al. 2011).

Feminist geographers have argued that while it is important to examine how emotions become generated and flow out of encounters between bodies, distinguishing affect from emotion based on affect being pre-emotional and not personal, but belonging to a politicized field of transmission reproduces “the demarcation between masculinist reason

and feminized emotion, [and] the false distinction between 'personal' and 'political'” (Thien 2005, p452). A key contention is that examining the transmission of affective potential is important and so too is analyzing (and not discounting) how an emotional subject becomes constructed (Harding and Pribram 2002) such that different emotional selves are produced. Keeping sight of whose bodies feel and hold onto which emotions is necessary to fully trace the power relations that generate different affective capacities and that produce people with differentiated modes of acting and understanding themselves. It is also important to note, as Rose (2004) argues, that not all feelings are hard to express, and some emotions can be readily identified, expressed, and experienced.

These distinctions are important for this study, as affects such as shame, fear, grief can become unevenly produced and emotionally internalized in ways that weaken young people's ability to hold onto high aspirations. It is important, therefore to trace the ways in which place produces particular affective encounters and creates affective windows that open or close for youth living within disinvested neighborhoods. It is then crucial to not stop there, but to continue to understand this as a deeply embodied experience and examine the emotional selves that form out of these experiences of place and urban marginalization. It is important, in other words, to examine how urban marginalization and inequality operates as a form of affective violence, that produces vulnerable emotional selves.

## **Conducting the Study**

I often say that if you work with youth it is important to just be yourself. “Just be yourself,” I say because kids are good at identifying inauthenticity, especially the ones who are already skeptical about whether or not people are going to stick around and commit to caring for them. Being yourself does not mean that every kid will connect with you, but inauthenticity along with entering a community as an outside researcher breeds doubt and mistrust that works against forming relationships, particularly with youth who may be less inclined than adults to ‘be nice’ or to participate based on an incentive alone.

I, in addition to being a black female Nigerian immigrant and Phd researcher from the local University, am also not cool. I do not wear the latest styles (except for my newly purchased mustard yellow high-top shoes). I love puns and bad jokes, and am goofy and will say ‘yes and’ to most forms of pretend play. I know the latest popular songs and can play basketball and skateboard (sort of), which was helpful for this particular community. I also believe that kids should be comfortable being silly and “uncool” so I tend to initially attract those who have ‘oddball’ personas or who feel comfortable sharing their goofy aspects of self. In general, I aim to enable kids to tell me ‘no’, something they do not get to tell adults or authority figures without fear of some form of retribution. These are a few of the characteristics that have served me well in working with and volunteering with youth at the CC as well as over the past fifteen years as a volunteer, mentor, in professional capacities, and as an academic researcher and ethnographer. I have in these roles, worked mostly with African American and Latino/a youth in urban

cities and particularly in disinvested neighborhoods. I say all this to point out that showing up consistently and often (investing in longevity) and being ready to learn from young people and relate not simply based on authority, has been a good way of beginning the process of reciprocal sharing.

I did not live in the community nor grow up in a similar context of public housing, so I did not aim to gain outsider-insider status based on the experiences and spatiality of my childhood and upbringing. I instead brought what I knew from previous experiences into this research and into my role as a community and classroom volunteer/mentor, as a participant observer who hung out in the community, and as a researcher who conducted and collected formal interviews. I knew from previous experiences that my race, gender and age (or moreso youthful appearance) helps me gain more ready acceptance and access to certain information and spaces. Additionally, since I volunteered at the local high school and after school community center, I was able to gain legitimacy and access through these formal institutions and through being introduced to the kids and their parents by someone they already knew, and often times trusted. My entrance into the community in this way, and in a mode that was based on providing caregiving services, helped facilitate my introduction to the community and to the kids at the CC terraces. Since I was also comfortable with working with youth and with being in broadly similar neighborhoods, I had an ease with engaging with kids and in hanging out in the neighborhood that was noticed as people remarked on how good I was with kids.

My introduction to the community was also not impartial, or rather it was specifically situated. I came into this work with specific research questions in mind and with a desire

to examine how urban marginalization and place stigma influenced young people's perceptions of self and future aspirations. I shared this aim when I was introduced as a volunteer or mentor and when people asked me why I was doing my research. I told them I was interested in studying neighborhoods and life prospects, and why some neighborhoods do a better or worse job of helping young people reach their goals, and in knowing especially from youth what they thought about living here at the CC Terraces and in South Benson, what they liked about the neighborhood, and what they would change to make this a better place to grow up.

There were often shared grounds between myself and participants about the problems of disinvested neighborhoods and, more specifically, the need to make change the CC and South Benson in ways that improved young people's life opportunities. This agreement about the intent of my research, however, did not mean that a "reciprocal alliance" was formed () between myself and research participants. While I may have agreed with participants about disinvestment, stigma, and better lifetime opportunities, we were not collaboratively researching these issues, I did not experience an everyday reality that was similar to theirs, and our views about problems and potential solutions both converged and diverged. Since I was also interested in examining young people's perspectives, I privileged their encounters and perceptions over the experiences and interpretations of adults. I therefore took a concrete stance and shared by research aims and the goals that motivated these research, and was also open to exploring and rethinking my questions based on young people's input and perspectives.

Through this study, I both observed and intervened. At times, when relevant



discussions were transpiring, I sat back in an observational role and let events unfold as I listened and watched. At other times, I intervened to guide discussions, ask probing questions, and to actively participate by shifting the flow of discussion toward my research interests. I also disrupted events and intervened to break-up fights and prevent violence or danger when I could, and to offer comments and advice, particularly when my volunteer position necessitated that I do just that. This role of being a volunteer in formal spaces (community center and school) and also as an adult researcher, was one I had to negotiate more consciously. I was aware that being perceived as an authority figure within formal spaces and/or as an adult who wields disciplinary power, may hinder my ability to hang out in informal space, be a witness to a representative spectrum of everyday life, and gather candid opinions and emotions. I aimed to combat this dilemma by crafting my volunteer roles in ways where I was not a disciplinarian and to be less corrective when hanging out (e.g. to not condone but not sanction “bad” behavior). Additionally, I also knew that many of the kids had younger moms and/or uncles and aunts that were close to my age, so they were used to hanging out with “adults” and in mixed aged groups. Meaning, if I hung out more as a friend than a parent and communicated the boundaries within which I would operate and intervene or report their behavior, then some of these differences in authority, age, and power would lessen. I nonetheless was aware that this was one of the sources of power differences that underlined the asymmetrical relationship between me as a researcher, tutor, mentor, and caregiving adult and them as youth, residents, students, research participants, and more.

There were other situations where I could not simply be objective or neutral, or

rather, where distances emerged between myself, my research intentions, and the everyday lives of those at the CC Terraces. I, for example, had to balance being around younger kids during the day with hanging out with older teenagers and/or adults (particularly all male groups) during for example, the nighttime. The latter could entail being around more adult or illicit activity and around different types of bonding through sharing stories about one's self. Hanging out in these spaces, particularly early on in the research, could raise questions about whether or not I was trustworthy enough to be around younger kids. I was, therefore, more present and participated in youth activities and spaces. While this limited some exposure to the community, the times when I was questioned about who I was hanging around or when being in particular spaces drew suspicion also provided me with useful information. I gained familiarity with messages that circulated around how youth at the CC should be growing up as well as what particular aspects of place contributed to these forms of advice and norms. While I was able to interact with a broad spectrum of community members, I did indeed have more access to some people over others based on age, age and gender, language (some residents mostly parents spoke another language such as Spanish rather than English), as well as time of day when they were out and about in the community and where people hung out (e.g., at the youth center and front porches versus at the bus-stop or behind unused buildings on nearby streets).

These factors all influenced the information I was able to collect, analyze, and share as the knowledge gained from this spatialized, ethnographic study. As, this research is situated within an examination of how urban marginalization and place stigma influenced

the caregiving experiences, messages, and affects that young people's used to define their sense of self and future aspirations. It is shaped by the ways in which I framed my research questions; presented myself to and was received by the community as a black female researcher, volunteer, and adult, among other personal characteristics; and the decisions I made about where, with whom, and when I conducted participant observations. The study, additionally, relies primarily on the perceptions and experiences of a core group of youth who lived at the CC for around a year or more, and who I was able to interact with and observe in formal and informal spaces around the neighborhood. The particular ways in which I navigated these circumstances and carried out the research is further discussed in the methods section.

### **Writing the Research**

I had three key challenges while thinking about how to effectively write and communicate this research. First, I wanted to write about place stigma and the experience of contending with stigma without re-stigmatizing the community or affixing a fixed identity to the CC Terraces. Place stigma is important to understand because of how it creates structural and symbolic disadvantage as it influences patterns of urban economic investment, shapes perceptions of urban problems and recommended policies, and impacts residents through factors such as their social status and perceived identities, ability to gain employment, access to and quality of educational services, and self-perceptions. Stigma, as representations and labels that tell a single story (Goffman 2009) can limit people and places to their worst aspects or actions. Stigma can strip away layers

of complexity, humanity, and empathetic understanding as it creates practices that foster disinvestment (in both people and places). As researchers, therefore, the ways in which we characterize a neighborhood and the situations or descriptions that we emphasize can shift the image of a place toward a particular representation, and continue to reproduce and/or affix stigma to particular places and people.

Additionally, the labels used to describe a community, for example disadvantaged neighborhood versus disinvested neighborhood, can influence what questions are asked and where attention is emphasized (e.g., is the neighborhood disadvantaged because of the people that live there, what policies are contributing to disinvestment rather than social and economic investment). Taking an inclusive approach and documenting the spectrum of events, people, and aspects of a neighborhood can help counter single story narratives as well as avoiding or contextualizing labels that can be stigmatizing (e.g., single female headed households, urban minority neighborhood) or coming up with new terms that emphasize practices of exclusion or discrimination (e.g., disinvested neighborhood). I aimed to use these approaches and to also write about the CC through how residents encountered stigma and aimed to use stigmatized representations, not to label their community, but to understand the multiple experiences they were undergoing. The second chapter, for instance, is written to introduce the CC through describing aspects of the felt experience of living in the neighborhood and encountering stigma. It is an approach, which may fall short of its intended goals, but yet aims to avoid reproducing stigmatizing, flat narratives of place, while not erasing stigma or offering a one sided depiction of “bad” or “good” characteristics, and also striving to pair my authorial voice

(which may be perceived as providing definitive characterizations) with residents experiences of encountering and aiming to understand their neighborhood.

A second challenge, was how to convey the process through which affects transfer and emotions develop rather than simply stating the outcome of having an emotion. I aimed to write emotion as a process by spending time explaining how young people's experience of the CC generated a particular range of affects, and then describing the repeated experiences that produced emotions that became more routinely felt and/or challenging to wrestle with. The dissertation is thus structured to connect young people's everyday experiences of the CC to the range of affects produced, and to the emotions that then became internalized and influenced how they perceived their current and future selves. I also tried to keep their experiences enact with how they expressed their emotion (verbally, through actions, or body language). I included their words and field note descriptions of their actions as much as possible to keep what they were experiencing, thinking or doing, and feeling together. Retaining these affective linkages, close to how they were expressed, then enabled me to describe the process of their emotional development.

One additionally way I sought to convey affect and the process of developing particular emotions was through using figures and visualizations (topographical maps) to display the data. The four maps in chapter 8, represent connections among place, experience, and emotions. They are comprised of themes coded out of qualitative data, and have been visually represented to show analytical significance and to capture the affective experience of living at the CC. The first figure (home topography), for example,

uses a visual landscape of a skyline to display the common experiences that transpire from living at the CC. The looming road comprises most of the foreground space because it highlights the most prevalent theme of everyday encounters that present the CC as *ghetto* and *bad*. This daunting road spreads out and winds through a landscape comprised of buildings that proportionately in size, width or number, highlight experiences related to trauma, violence, fighting, and drugs. While the blue, brightly colored sky depicts the connective and ever-present experiences of fun and the joyful aspects of living at the CC.

The second and third figure (Place Pressure and Attachment Topography) could be conceptualized as affectively visualized bar-graphs. Figure two, for example, aims to display the weight of messages received alongside the experience and emotions associated with receiving such messages. As such, the theme of “people here struggle” becomes the defining path that leads out of the CC, but rather than leading straight out, it slams into a road block of the next common message that young people hear, which is ‘don’t be bad’. This advice of avoiding becoming bad is conveyed to the kids as what they need to do in order to prevent becoming trapped in the neighborhood, and is thus also visually represented as a road block. The sides of this figure are depicted as walls that are keeping kids away from pathways that lead toward making it out of the CC, because in order to attain success, they also have to avoid becoming like the people from around here and instead aim to become good and smart.

The last figure (Self Topography) is what emerges out of the previous three visualizations as well as the one that shows the sense of an emotional self that emerges, for many, out of the everyday experience of living at the CC. It is a visualization of a self

that is affectively walled in between two opposing poles of “bad” and “good”, with the bad perceptions of a future self foregrounded as this the primary concern. In the middle of these shame-based hierarchical feelings of self, lie a middling ground of uncertainty and self-doubt. These figures, taken together as a trajectory of time, place, and self, also aim to depict the movement between structural and affective violence, as encountering urban marginalization begins to shape a relationship to place that creates a vulnerable emotional self.

The third key challenge included how to communicate the research as a narrative that captures the everyday experience of place, and the data gathered over almost three years of ethnographic data collection. An important aspect of this challenge, and one that stems from the research questions, was the need to put young people’s perceptions and experiences at the center of analysis. To do so entailed a commitment to using their voices and to using voices which were gathered from structured interview discussions as well as from everyday conversations, which were often comprised of snippets of layered, interweaving discussions. Additionally, in addition to using a mixture of information gathered from long interview discussions and snippets of everyday chatter, narrating their voices also meant striving to describe common experiences through a weight, or collection, of quotes rather than through quantitative summaries associated with a few, sparse exemplar quotes.

This aim is conveyed through the writing as paragraphs that often string together voices from multiple participants and that uses dialogue and ethnographic vignettes to depict a particular point or highlight common everyday experiences and feelings. At

times, these assemblages of voices are organized to serve as analysis by themselves or are paired with accompanying interpretations that use a more direct (often third person) authorial voice. Although, this narrative style of writing ethnographic research aims to enable participants to speak (describe, explain, argue, theorize) without reinterpreting their words as my own, I, as the author of the text, am still making decisions about which quotes to use, pair together, or eliminate. In making these decisions, I was often able double check my interpretations with participants. Since I was analyzing the data while still “in the field”, I asked participants questions about my interpretations and analysis, and checked my interpretations against their own understandings and perceptions.

Through the processes of coding this qualitative data into related themes, I also selected quotes based on what represented common sentiments. Given that there were often many similar quotes to choose from, aside from first selecting and pairing the ones that reflected the most common elements, I also chose quotes based on achieving an inclusive diversity of ages, genders, race/ethnicities.

In the writing, all the quotations that appear without a citation after them, are from participants. What is not well conveyed through this writing style, however, is a clear indicator of aspects of the identity and personality of each speaker (e.g., name, age, gender, race/ethnicity). Stringing together a multitude of quotes meant that identify each voice after each quote can quickly become confusing, and the message of the quotes can become lost. I include a Who’s Who section in the appendix for reference, but further representational work such as including a short biography in the appendix or closer to the beginning, or including footnotes that indicate who is speaking, could be done to address



this depersonalization of selected quotes. I did, however, also intended to avoid objectifying and stigmatizing participants by using a second person voice to write about their experiences. Rather than writing phrases such as “these kids”, “this place”, “those people”, “they are”, I use the second person identifier (“you”, “your”) to avoid distancing language and to also show a process rather than a possession (e.g., not “they feel”, but “as a kid in the CC, you start to feel...”). While the former may adhere more closely to standard writing conventions, when used in the context of this study and with this mode of writing, it can become stigmatizing, objectifying, and a-processual, all of which works against the aims of this research.

Lastly, although I made my position as a researcher clear, as often happens in ethnographic studies, this fact slipped from people’s minds as they got to know me, as the routine of the everyday ensues, and as they confided in me what they may not have wanted published. In sharing these accounts and perspectives, I also had to decide what information to exclude. I, for example, did not include information that I believed was shared in strict confidence or that the person would have found professionally or personally embarrassing if disclosed. These judgement calls were often not difficult to make. The excluded information was also often data that would have added more contextual information rather than data that was necessary to include to make an argument.

In terms of the structure of the research, the dissertation opens with further contextualization as chapter one describes the methods of the study, outlines the conceptual framing that guides the research (care and landscapes of care, caregiving and

attachment theory) and the theoretical argument of place attachment that underlines the analysis and findings. The ensuing body chapters then describe the experience of encountering place stigma and living in a neighborhood shaped by marginalization and disinvestment. This daily experience of living within an insecure landscape of care is then analyzed to show how inconsistent caregiving and an unstable caregiving capacity creates an insecure attachment to place. This insecure affective bond produces particular vulnerabilities to how young people are able to define their sense of self through place and seek to use their early life relationship to place embark on the process of envisioning and planning their future.

As a reader, you can choose to read the dissertation straight forward from this contextualizing introduction straight through to the conclusion for a more traditional rendering of the research. Alternatively, you can begin with chapter two and use the in-text references to guide you back and forth between the body of the work and this contextual and important information.

## Chapter I:

### Framing the Study

The following introductory chapter outlines the methods, conceptual framing, and theoretical arguments of the paper. This chapter provides an intellectual overview of the research, and outlines the framing that guides the interpretation and analysis. This section can be read in its entirety for an academic contextualization, or can be read more disjointedly. The latter option would be to start with chapter two and then refer to this academic framing and guidance as they are highlighted within the body of the text.

### **Methods**

I began volunteering at Jackson Academy, Benson High, and the SmartKids Program at the CC as a way to get to know the community, recruit participants, and also provide tutoring and classroom aid. For the next three years, I gathered ethnographic data through participant observation, walking tours (go-along interviews) of the neighborhood, and informal and semi-structured interviews.

These methodological approaches were combined to observe participants in their daily landscape and examine what they know about their community and how they perceive, navigate, and draw meaning from their surroundings (Carpiano 2009; Kusenbach 2003). The goal was to examine everyday experiences of place through unfolding encounters in embodied and affective dimensions, as well as to gather reflections of these experiences close to when they transpired. The emphasis, therefore,

was on capturing the accumulation of repeated experiences, and examining how these interactions developed over time and place in order to better examine ordinary moments and discuss why they become significant. These overlapping approaches, and my interactions in multiple spaces over different times of day, therefore, provided a way to refine participant observations, let events unfold uninterrupted, and follow up later the same day, or the next. The spatialized and textured information that emerged provided the perspective necessary to explore how the kids at the CC perceived their neighborhood, and, through daily experiences, understood it as a landscape of care and developed affective habits and dispositions in response.

### Walking Tours (Go-Along Interviews)

Walking tours involve interviewing participants while they give a tour of their neighborhood or go about their daily routine (Evans & Jones 2011; Hein et al. 2008). Through asking questions and observing, the researcher is able to examine how people perceive their environment and how they give meaning to their everyday places and to themselves within it. Since navigating familiar environments and accessing one's personal geography can provoke memories and embodied experiences (Ingold 1993; Horton and Kraftl 2006), walking tours are well suited for examining what people have learned and internalized about the places, spaces, people, and objects in their daily surroundings.

I asked participants to take me on two walking tours of the CC. I conducted the

tours individually with each participant and asked semi-structured questions at the end of each walking tour. I audio recorded these individual hour-long interviews with wireless microphones so participants and I could move and talk more freely during the interviews. Some participants were immediately at ease and welcomed acting as a tour guide and narrating their experiences. Other participants took more time to become comfortable with being visible within their everyday environment. The walking tours were also unexpectedly useful for recruiting participants or getting to know people at the CC. They provided a very visible way to become familiar to them and to communicate what I was doing (“aren’t you the one that’s always walking around?”), which then facilitated informal conversations with people about the CC and their experiences in and of the neighborhood. Although the walking tours were individual, every tour involved interactions with other people as we walked through the community and as people wanted to offer their thoughts or were curious. In total, I conducted 30 formal walking tours (25 youth and five adults). Other informal tours of the CC were gathered through participant observation, while the comments of others captured during the walking tours were gathered and used to code for and examine the salient experiences and perceptions of the CC.

During the first walking tour, I asked participants to guide me around, taking me to the places they knew the most or wanted to show me. I asked them simply to tell me what they knew or had seen or heard about specific aspects of their community, such as the buildings, bus stops, playgrounds, people, and objects around them. I followed up with questions as necessary but made sure to ask what other people in the neighborhood

would say, as well as what they might say if they were talking to a new kid (of their age) who had just moved in. Asking them to discuss their community through very mundane observations served several purposes. First, it offered a simple way for people to start talking about something easy that they knew, which enabled them to get comfortable with the interview. Second, I believe this approach worked to convey the message that nothing was too ordinary or minor. As a result, I received a lot of ancillary information, as well as a store of anecdotes of personal experiences of place that I may not have gathered otherwise. These experiences captured both salient moments as well as ordinary moments that helped me to understand the experience of growing up in the CC, and to become familiar with the events that shaped their perceptions of the CC as a source of insecure care. Third, it offered an indirect way of capturing the advice people communicate, through place, about how kids should be growing up and what they should be aspiring toward. For example, messages about what not to do are embedded in place (e.g., don't hang out at that bus stop, or on that corner with *those kids*, because that's where all the bad kids who don't do anything with their lives are; this is where they have girl scouts and a lot of kids that go are good and do their work and like to learn). Advice is also tied to aspects of place (e.g., broken-down cars are used to tell kids about how life here can be hard, or apartments of people who used to live here but now have their own houses and are stories of success).

I guided the second walking tour, prompting participants to tell me about the remaining aspects of their community and asking follow-up questions. During the post-walking tour interviews, I asked participants semi-structured questions about 1) their

overall experience and perceptions of their community; 2) the advice they had received about growing up here; 3) how they define what it means and takes to attain a successful life; and 4) what they think it means to grow up in or to be from their community. I also directed participants to list whom they consider as “role models” and “anti role-models,” and whom they would categorize as good, bad, and in-the-middle kids. This final question was added after it became known that the kids were receiving guidance and evaluating themselves based on notions of being good or bad.

The act of walking within familiar landscapes encouraged participants to spontaneously share stories and narrate a flow of lived experiences.<sup>1</sup> As participants shared their stories of place and of selves in place, personal geographies of their experiences and emotions began to take shape. These geographies highlighted the pattern of experiences that supported their perceptions of the CC.

### Participant Observations and Semi-Structured Interviews

Participant observations, when used as a way of “following the people” and following the experiences that shape their sense of self and biography (Marcus 1995), are

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<sup>1</sup> While I was concerned about a reluctance to share personal stories, these often transpired as participants engaged in the walking tours, in part, as a process of reflection. The mothers I interviewed were the most salient in this category, as their working tours also involved narrating what brought them to the CC. Because some of them (including those who did informal walking tours) had experienced traumatic situations within the CC, passing these landmarks brought back memories of abusive encounters. I cannot say that I was adequately prepared to respond to their stories of trauma as they were recounting, and likely reliving them, within the very spaces in which this trauma transpired.

well suited for exploring young people's daily landscape in relation to their lives and lifecourse development (Buscher and Urry 2009). As such, I used participant observations to observe how young people's experience of place, and of self through place, is constructed as they move within their daily landscape. These multi-sited observations enabled me to examine the presence of generalized expectations about the CC as a daily landscape. In general, my commitment to being around enabled me to build the familiarity necessary to be entrusted with more open conversations about how people perceive their self-concept as well as their possible and probable futures.

I conducted participant observations in and around the Cathedral Court Terraces, Marshall High, and Jackson Academy (JA). Jackson Academy is a nearby charter high school that specializes in dropout recovery, and Marshall High is the local feeder high school for the kids at the CC. The high schools were chosen in order to observe similarities in interactions and experiences of place; to examine specifically freshmen and seniors' ideas about their academic and more general aspirations; to examine teachers' perspectives of the south side, the CC and of their students; and possibly to recruit students for interviews.

At first, I conducted participant observations in both high schools. I stayed at Jackson Academy for nine months and went twice a week for four to six hours, during each visit. After this initial school year, I stopped conducting participant observations there. While the school served students from the CC, their numbers were lower relative to those that attended Marshall High, and relative to the JA students from other areas, which included the south side but also extended beyond it. JA's student population was highly



mobile. The school, Mr. Steven told me, “may have at one time 371, maybe 410 students, but 1,000 [enroll] over the course of the school year.” This mobility, and the schedule of the school, made it difficult to interact with a consistent set of students. The high turnover and dropout-recovery nature of the school also did not enable teachers to get to really know their students (although not from lack of desire), unless they were more vocal, likeable, or trouble. In other words, the students that became known were often at the extremes, rather than representative of a “general population.” While similarities can be drawn between these students and the kids at the CC, the parallels seem more distant.

At Marshall High, I conducted participant observations two to three times a week, rotating between mornings and afternoons. Officially, I was volunteering as a classroom aide for Mr. Ely, who taught freshman English, and was also allowed to be in Mr. Walker’s senior advisory class as an observer. The advisory class had around 15 students who regularly came for what was supposed to be time for homework, to implement an advisory curriculum based around introspective questions and life lessons. Then one year, it also became the time to hand out free breakfast. Mr. Walker did indeed use the time to try to pose thoughtful questions or offer life lessons, which the students grudgingly or surprisingly answered.

For the seniors, advisory was also when they were given updates about their progress toward graduation, received guidance about planning for life after high school, and had class-wide meetings in the auditorium, which were usually lectures and presentations about graduation that always carried a stern message. Advisory class, particularly Mr. Walker’s, offered rich opportunities for ethnographic observations. Since

it was largely unstructured time, we were able to chat about a range of daily events, the latest gossip, social media videos and memes, and daily life experiences. On the other hand, I was also able to have reflective conversations with the seniors as they moved toward graduation and were also self-reflecting on their own educational experiences and aspirational trajectories as well as those of their peers who were still in school or had dropped out or pursued other plans. We also discussed their desires and fears for life post-high school, and of course talked about Benson, the south side, and the CC. It was this combination of participant observations mixed with focus-group-like sessions that generated key insights.

Mr. Ely's English class proved to be similarly useful to my research aims. I was prepared (and willing) to provide a greater benefit to the students, but the opposite was also true (as it often is). His English curriculum and the content he chose were quite relevant to my research as they facilitated discussions around issues such the meaning of "ghetto" and its personal relevancy, as well as conversations about spatial inequality, aspirations and life goals, fears and experiences with trauma, being successful and in particular "making it," perceptions of self and positive and negative or visible and hidden qualities, and issues of crime, drugs and violence at a neighborhood level and more. The class, at times, felt as if I was posing my own research questions. In addition to this, the students also wrote on these subjects, and through helping them with their work, I was often able to gain more insight into their views and personal experiences. After a few months, Mr. Ely's class also became a before-school hangout for his students and their friends. These moments, in addition to times of people sleeping or being on their phones,

served as ad hoc counseling sessions. The freshmen felt comfortable discussing their current problems, ruminating about past issues, and in general posing questions they were curious about (their being freshmen, perhaps, led to an interesting range of topics). Additionally, his class also had freshmen who lived in the CC, some of whom I did formal and informal interviews with, occasionally saw at SmartKids or while hanging out in the neighborhood, and a few whom I saw at Marshall High but rarely at the CC. Lastly, during the end of my time at Marshall High, Mr. Ely had a student-teacher so I was able to strictly observe rather than also try to be instructionally helpful.

At the CC, I conducted a range of various types of participant observations. In a more formal capacity, I volunteered at SmartKids, an after-school program that provided educational, behavioral, enrichment, and social services to the kids at the CC. Two social workers, Ms Grace and Ms Abby, led the program, which ran for four hours four times a week. The program served up to 20 kids at a time, had a core group of 40–50 students who came consistently, and then another group of around 30 who came less frequently. I volunteered there 2–3 times a week. A typical SmartKids day for elementary kids involved homework or reading time, an activity, snack time, cleaning up, and then a trip to the “store” which was full of prizes (mostly candy). For middle- and high-schoolers, the day involved talking or doing an activity, food, and (for a few people) homework. The experience during this time was “everyday” in the sense that it spanned the mundane to the momentous. Discussions revolved around homework and school and what happened that day, and what was going on with them personally and with their families. The interactions around homework help and frustrations with school offered a way (in

addition to the observations at the high school) to continue examining the educational challenges and pressures they faced, along with why and how they tried to resolve these problems.

Because the program was run by social workers, who also worked at their schools, the discussions revolved around the anxieties and problems they were facing, the needs and care gaps that were ongoing and salient, and the strategies and coping mechanisms they were pursuing and why. For the middle- and high-school students, these discussions were often done as a group, with people sharing and offering feedback on each other's experiences. This space therefore provided a unique opportunity to simultaneously observe and discuss their experiences of aiming to become "smart" (as they saw and phrased it) by succeeding academically and their ways of coping with care gaps and stress. Through this, I was also able to notice connections between the two, as we often discussed anxieties and lack of support around these academic metrics of self-worth that were tied to being seen as good/smart. Because I was there regularly for over two years, I was able to witness these experiences over time, and often over time with a core group of kids. While I base my analysis on the breadth of information I gathered, I focus on describing the experiences of this core group, bringing in other voices as relevant.

In addition to volunteering at SmartKids, I also hung out around the neighborhood, mostly talking with the kids as we sat by someone's porch or as I interacted with them while they skateboarded, played basketball, played at the park, or were on their phones. I also attended resident council meetings, public housing meetings,

and community events, and was invited to birthday parties and participated in other events that residents at the CC were likely to attend (e.g., festivals in nearby neighborhoods).

Lastly, during this time I wrote these participant observations into field notes and conducted informal interviews with people across these settings. I was often able to gather information from people through these modes of participant observations, and to do so in ways that contextualized their experiences relative to the CC. I did, however, also conduct eight formal, recorded, semi-structured interviews with the teachers, social workers, and mentors whom I worked with repeatedly over my time at the CC and at Marshall High.

## **Care Ethics and Landscapes of Care**

There has been much work about care and care ethics in human geography (Milligan and Wiles 2010; Lawson 2007; Popke 2006; Conradson 2003). These studies have examined care across distances and geographies of responsibility (Massey 2004), through examining care work, care workers, and the emotional labor of care (England 2005; McDowell et al. 2005), studying care practice in hospitals and hospices (Brown 2003; Brown and Colton 2001), and through constructing geographies of aging and long-term care (Milligan 2012; Kittay et al. 2005). They have sought to define care and articulate an ethics of care, and its associated practices of engagement. Within this scholarship, care is positioned as embedded within “social relationships of mutuality and trust” (Staeheli and Lawson 2005), concerned with “mutual obligations and relations of trust” (McDowell 2004), circulated through our connectedness to others near and far (Young 2006); and as an affective connection that structures social relations and shapes the nature of encounters between people and places (Till 2012; Dyck et al. 2005; Smith 2005).

Examining caring relations requires thinking broadly and spatially about the landscapes and relations of care that connect people—far and near, equitably or inequitably—to each other, and that shape how care and caring encounters are expressed, produced, and distributed. Having our food grown for us, trash services managed, children educated, and clothes made is part of being cared for as well as attempts to safeguard health and prevent disease, regulate pollution and discrimination, and secure tolerance and dignity. These forms of caring are practices that maintain both individual

and social well-being, and practices wherein the social is being produced and reproduces in particular ways. Within these caring relations, some caring roles are visible and recognized, while others are more hidden and distanced, or not perceived as part of a relation of caregiving. Some people and places provide caring labor and resources for others while their own care needs are unmet. Questions over who cares for whom and where, and who is responsible for caring, are part of how social needs are addressed, evaded, or distanced. Rather than a trivial or private responsibility, care is political and embedded in how institutions, policies, and affect are used to structure social relations. As an ethical theory, an approach based on care therefore seeks to integrate an analysis of needs and vulnerability within that of responsibility and justice. In doing so, the evaluatory lenses of mutuality and well-being become useful for assessing issues of justice<sup>2</sup> as well as the outcome of social, political, and economic encounters.

Care is most often defined as a practice, disposition, or value. Definitions coalesce around viewing it as a practice that involves both “thought and action” (Ruddick 1990), although Fischer and Tronto (1990) most broadly define caring as an other-oriented habit of mind that recognizes a burden to act: “On the most general level, we

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<sup>2</sup> A framework of care still needs to account for the fact that care can be used for parochial and paternalistic ends. Caring relationships and the responsibility to care for others can be framed in narrow and exclusionary ways and caregivers can perceive themselves as having the power, authority, and higher level of competency to dictate how care is received. Care, in and of itself, is not inherently just, democratic, or inclusive. Care and its connection to justice (does a caring-based perception of mutuality and responsibility lead to just processes and outcomes; should frameworks of justice incorporate notions of care or is a care ethics akin to a new theory of justice) are under debate.

suggest that caring be viewed as a *species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible.*

That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (103). Tronto (1993) goes on to outline a four-part caring process that involves *recognition* that care is necessary, assuming a responsibility to *take care of*, satisfying needs for care through direct forms of *care-giving*, and lastly, examining how *care is received* and if it is responded to in ways that eliminate the care needs. The process of providing care can also involve providing practical support (*caring for*) and/or emotional support (*caring about*, or being caring).

The nature and form of care depend on place. Where care transpires and does not, the spatial way that care is structured and practiced, as well as the relationship between place and well-being are important to analyzing caregiving relationships. Tracing care through thinking about the landscape in which it is embedded highlights both interpersonal aspects of care as well as spatial processes and people-place relationships. Landscapes of care can involve the social spaces and institutions where care transpires (e.g., home, school, neighborhood); the geographies that shape the flows, distribution, and deficits of care; the multiscale processes and power relations that define who cares for whom, when, and where; as well as the materiality that is produced via the process of caring for and about others and for the social. Landscapes of care can thus be conceptualized, first, as the “spatial manifestations of the interplay between the sociostructural processes and structures that shape experiences and practices of care,” and second, as “the social, emotional, symbolic, physical and material aspects of caring”



(Milligan and Wiles 2010, 739–40; Dyck et al. 2005).

In examining care as “a central category of social analysis” (Tronto 1993, 111) and through a lens of landscapes of care, it is important to note that sources of care can be both people and places, operating across a spectrum ranging from near and narrow, to broader and on increased scale. Caregivers can have an intimate relationship with care receivers, can give care within dyadic or private contexts, or can meet the needs of others through physical contact and direct relationships. Caregivers can also be less proximate and more distanced. As part of a social process, care can be provided through acts that shape the lives of those who are far away. Taking care of people can transpire through acts such as giving money and donations, practicing responsible forms of consumerism, and creating laws and policies based on recognizing responsibility for and seeking to address an identified need of others. These forms of caregiving, while not direct, occur through chains of caring relations that shape how others receive and experience care as well as have their needs met.

Caregiving can also transpire in institutions with formal caregivers (e.g., grandparents at home, mentors at a community center), in places with informal caregivers or where caring interactions occurs in less overt ways (e.g., peers at neighborhood parks and playspaces), or in more distant institutions that are shaping the care experiences of those under their (direct or indirect) responsibility (e.g., school district offices where policies about discipline and school-to-jail policies are written). Lastly, the experience of care receivers is also important to capture and analyze. Documenting, for instance, what forms of support children consider as care, how they perceive being cared for and cared

about, and how they respond to the types of care they receive is central to analyzing their landscape of care.<sup>3</sup>

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<sup>3</sup> [Back to Chapter 4](#)

## **Attachment Theory**

### **Attachment Styles**

Attachment is commonly defined as an emotional bond to another person or an enduring affective relationship between a young child and his or her primary caretaker. The attachment system, as theorized by Bowlby (1983), becomes activated when infants (up to 3 years) become distressed or anxious. As a result of their distress, the attachment system kicks in as they signal their need for help and, most importantly, are motivated to seek out proximity to a primary caregiver whom they expect to comfort them. By attending to their needs and providing comfort and a safe haven, the attachment figure regulates their distress and children become comforted and return to re-engaging in the world around them.

During this process, children relate to the caregiver in ways that create feelings about the reliability of that relationship as well as forming an internal working model of what happens when they seek care. Young children are cognitively and affectively generating answers to thoughts such as: when I am distressed, do I get care? Does it soothe my anxiety? Is it reliable? Can I get others to care for and about me when I need it? If not, why? Is it them or me? Am I worthy and deserving of being cared for? Are they abandoning and untrustworthy? Through frequent repetition of this caregiving cycle, children are internalizing a set of expectations about the care they will receive and are organizing their behavior in response to this caregiving situation.

Ainsworth et al. (1978) were able to develop an empirical method for assessing

different styles of attachment through a protocol known as the Strange Situation. In this protocol, infants' behaviors and responses to their mothers are observed during safe and frightening situations, and during separation and reunion. Through eight sequential episodes, infants and their mothers first enter an unfamiliar room and play. A stranger then arrives and stays in the room with the infant and mother until the mother eventually leaves the room, and the infant's behavior before and after separation from its mother is observed. The mother then returns, while the stranger leaves, and the child's response to the mother's reunion is observed. Lastly, the mother leaves the room again, the stranger reenters for a period of time, until the mother returns again and the response to this second reunion and recovery from this stressful separation is again assessed. Through this procedure, Ainsworth classified the infants' proximity seeking and contact behaviors, and avoidance or resistance to interacting with their caregiver. As a result, she developed a taxonomy of three attachment styles: secure (65%), insecure-resistant (14%), insecure-avoidant (21%).<sup>4</sup> Main and Solomon (1986/1990), later added a fourth attachment style called insecure-disorganized attachment.

When a caregiver predictably, sensitively, and reciprocally responds to their distress and meets their needs (calms stress, increases safety and joy), then young children develop a secure style of attachment to this caregiver (Ainsworth et al. 1978; Ainsworth 1969). Through this secure bond, they are learning how to successfully cope with stress (self-soothe), developing positive expectations about receiving care from their

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<sup>4</sup> These attachment studies were often done with white middle-class mothers and their children.

primary caregiver as well as more generally from others and the world around them. They are also forming a positive sense of self as a person that can rely on others, is valued and worthy of receiving care, and, when needed, is capable of finding support and relief from anxiety.

Children can also develop insecure attachment styles that are characterized by avoidance, ambivalence, or disorganization (Main and Solomon 1986; Ainsworth et al. 1978; Ainsworth 1969). When a caregiver consistently denies care and is unresponsive, indifferent, rejecting, or physically/emotional unavailable, children can develop an insecure-avoidant attachment where they disengage from reciprocal care-seeking interactions. They pull away from needing help and communicating their emotional needs, as it does not influence the caregiver. They stop seeking or expecting comfort, and because they have learned that their anxiety does not get soothed, they begin to develop less sensitivity (hypoaroused/dampening) to stress, anxiety, and negative affects.

When a caregiver provides care that is sometimes appropriate and nurturing, sometimes insensitive and distanced, and sometimes overly dependent or harsh, children become uncertain about the reliability of care. They can, within such a relationship, develop an insecure, or ambivalent, style of attachment where they are distrustful about receiving care, but yet still seek support. They become biased toward using heightened (desperate) communication to compel care. Having an insecure, ambivalent attachment also creates difficulty learning how to effectively regulate stress and generates a fear of abandonment along with doubts about feeling valued and loved. Exposure to unexpected

denials of care can also create greater sensitivity to shame and rejection.<sup>5</sup>

Lastly, young children who experience physical or sexual abuse from caregivers, or have caregivers who suffer from mental health disturbances or drug addition, may develop a disorganized style of attachment (Main and Solomon 1986). In this case, the caregiver, who is supposed to be the source of comfort, is also the source of danger. As a result, children with a disorganized style of attachment are confused about how to resolve this dilemma and are unsure when and if they should turn to the caregiver, or whether fear counsels avoidance. Their response to seeking care is disorganized and characterized by lack of clear strategy of engagement.

It is important to note that children can develop different attachment styles to different caregivers (e.g., mother or father) based on the nature of their caregiving interactions. Attachments often develop with a primary attachment figure, who is most responsive to the child and whom the child seeks proximity to, but secondary care figures are also the subject of attachment bonds (Bowlby 1982). Additionally, because the emotional responsiveness of the primary caregiver influences the structure of attachment relationships, studies have shown that the attachment style of a parent is highly correlated with the attachment status of the child (Newman et al. 2015; Main et al. 1985).

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<sup>5</sup> Feelings of shame and rejection happen within the process of attachment, when care is expected but not received. It is registered as an affective movement from expecting comfort, to not being soothed, to feeling rejected. This sudden emotional shock of rejection generates an affective deflation of self, which is felt as a low state of negative arousal, and as shame (Schoore 1994). Young children do not yet know how to cope with such feelings, which makes its expression more intense and more strongly imprinted, but yet harder to regulate.

Attachment may have salient intergenerational characteristics whereby vulnerability is transferred by how parents respond to their children in ways that are symptomatic of their own challenges with affect regulation. Parents, for example, who have an avoidant attachment style may underestimate the level of stress their child is experiencing, or those with ambivalent attachment styles may be more prone to become overly anxious when their infant is distressed. The context in which this caregiving is occurring may also influence the intergenerational findings, as attachment risks develop in relation to multiple risk factors (Crowell et al. 2016).

### Neurological Research

Neurodevelopmental research is also showing, in support of established studies from child psychology and clinical social work, why attachment relations become formative (Cozolino 2014; Schore and Schore 2008; Schore 1994). Through caregiving attachment, young children are learning how to regulate emotions at the same time their brains are developing the neural capacities to process emotions. As attachment interactions activate in response to stress, and as young children feel cared for and comforted, or not, these emotions and the subsequent affects generated are becoming imprinted into the brain. The internal working model generated by attachment is repetitively activating the limbic system and orbitofrontal cortex (the stress-regulating and emotion-processing region of the right hemisphere of the brain), and sending it similar affective patterns to process.

The brain is experience-dependent in the sense that synaptic neural pathways that are regularly used are reinforced—*neurons that fire together wire together*.<sup>6</sup> The combination of information received from caregiving attachment (stress—seek care—soothed; stress—seek care—denied and anxious) begins to travel the same neural pathways in the brain, becoming more jointly processed, more quickly activated, and seemingly “automatic.” The attachment style becomes neurologically enforced as the method of appraising and coping with stress. This early neurological pattern then lays the foundation for future affective regulation to proceed along adaptive or less flexible pathways.

The affective bundling, encoded through attachment, is coupled with information about the emotions experienced during these interactions, interpersonal modes of relating that are transpiring through this caregiving relationship, and feelings about a personal sense of self. Patterns associated with openly or defensively approaching caregiving interactions, and feeling reciprocally loved and valued are also being transmitted and affectively impressed into the brain’s neural processing.

The right hemisphere of the brain, which is processing these affective thoughts is the center of our social-emotional brain. Because it is the “home” to our social and personal self (Schore 2001), and it is also processing these positive and negative affects, it serves to develop “the core of [our] self-awareness and identity” (Cozolino 2014, 67). This is the second key reason why early childhood attachment is enduring—impressions

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<sup>6</sup> This apt phrase was first used by Donald Hebb, a psychologist trained in neuropsychology, in 1994



about a sense of a caring other and a cared-for self are developing alongside affects related to stress and safety, making the world feel more or less threatening and instilling a sense of self that is more or less devalued and dejected.

Attachment, neurologically, shapes three main aspects of the social-emotional self at a time when the brain is developing the neural capacity to process and encode this information. Secure and insecure attachment styles are thus priming how the brain becomes oriented to regulating stress, to perceiving and relating to others in caregiving relationships and in contexts that demand reciprocal care, and to viewing oneself as more or less worthy and deserving. As a result, children experiencing the safety and comfort of secure attachment relationships learn to relate to the care-seeking process in ways that encourage calm and support. They form affects and habits of mind that reinforce calm and instill confidence in resolving threats and securing support. Through notions of care, they perceive a self-other-world triadic relation that is generally supportive.

Young children who instead experience insecure attachment relationships become more defensively biased. Rather than signaling calm, the thought of seeking and receiving reciprocal care is processed as potentially distressing, and threatening encounters are channeled through pathways of panic, mistrust, or flight. In order to lessen this vulnerability, and cope with the fear that support may not arrive (or the knowledge that it will not arrive), they build emotional and cognitive barriers and are prepared either to withdraw from or to over-engage and combat a world that is perceived as uncaring. They focus on a self-other-world where the other is unresponsive and they face the world on their own (insecure-avoidant), or where the other is unpredictable and they engage in

the world anxiously, continuously checking for signs of rejection and an impending denial of support (insecure-ambivalent).

Much of the work that examines the connections between insecure attachment and affective vulnerabilities comes from neural studies of those who have previous histories of attachment disruptions (Newman 2015).<sup>7</sup> Neurological studies of children who have experienced deprivations of reciprocal caregiving, abuse, and negativity have shown adverse effects on the brain's emotional regulation structure, and disruptions to its stress regulatory systems (Karatsoreos and McEwen 2013; Strathearn 2007). In moderate to severe cases when attachment becomes avoidant, and children become hypoaroused due to overexposure to negative affective experience, the brain also dampens itself and decreases the functioning of the hypermetabolic right hemisphere of the brain (Schor 2003a). These studies also suggest that a neurobiological basis may underlie the rumination and playback that accompany trauma and negative affects (Van der Kolk 2003). Traumatic experiences may have become more affectively and broadly imprinted such that they are ready to play in response to a range of triggers (Nolen-Hoeksema 2000).

Schor (1994) has argued that in light of this neurological information, attachment theory should be viewed as a regulation theory. The attachment system as proposed by

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<sup>7</sup> The field of neurobiological research is still relatively new. In light of this, and that findings from this research generate data based on correlations, some attachment theorists argue for recognition that neurological research presents claims based on "speculative . . . and not empirically demonstrated causal connections" (Rutter and Azis-Clauson 2016, 64).

Bowlby (1982) is activated as a distressed response to perceived threats because it seeks security, calm, and soothing. The need for emotional regulation, Schore therefore argues, is what compels attachment behavior and sustains the caregiving feedback loop (fear-attachment-exploration). Attachment, Schore and Schore (2008) argue, is thus driven as result of affective motivation, and creates responses that are processed in the orbitofrontal cortex and limbic systems, which are the seats of affective regulations and of our emotional sense of self: “attachment communications are critical to the development of structural right brain neurobiological systems involved in processing of emotion, modulation of stress, self-regulation, and thereby the functional origins of the bodily-based implicit self” (p. 10). They use this argument to claim that attachment theory is a social and neurobiological process that uses early caregiving relationships to develop the emotional processing and affect regulation structures of the young child’s brain. As such, they continue, attachment should be seen as a regulation theory and thus be more incorporated into the theory, research, and clinical practice of social work.

Extending attachment more deeply into clinical therapy facilitates the use of attachment-based therapies. These therapies are based on the idea that if attachment is liable to change over experience (Waters 2000b) and if the brain develops neural connections based on an “experience expectant” nature, then guided corrective experiences can be used to “refire and rewire” affective responses in order to create more secure patterns of emotional regulation. Psychology and psychotherapy, some argue, is in the midst of an “emotional revolution” where emotional-based processes, right-brain-to-right-brain therapy, and affective and psychobiological approaches are in the limelight

(Cozolino 2015; Schore 2003b; Ryan 2007).<sup>8</sup>

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<sup>8</sup> [Back to Chapter 6 section.](#)

### **Place Attachment: Framing Developmental Connections**

Developmental attachment, as Ainsworth (1990) states, “is an open-ended theory.” It is “open to extension, revision, and refinement through research” as long as it is “guided by the principles implicit in attachment theory” (463). Attachment theory has indeed broadened beyond infant-parent contexts and adapted to examine the bonds teenagers form with their peers (Allen and Land 1999; Koback and Sceery 1988), adult romantic relationships (Hazan and Shaver 1987), and the generalized attachment orientations that develop and shift in relation to life events and disruptive situations (Waters et al. 2000a; Benoit and Parker 1994). In addition to examining attachment across the lifespan (Bowlby 2012; Waters et al. 2000b; Ainsworth 1985), analysis has also spread to understanding how broader caregiving environments such as the family and neighborhood influence the nature of attachment bonds (Crowell et al. 2016), and how histories of vulnerabilities within these contexts shape how attachment is expressed and creates risks. The expansion of attachment theory and its use to examine a broader set of relationships raises the need to continue to examine how attachment bonds form, how they create protective or risky developmental pathways, and how other relationships may be influencing or are based on attachment bonds.

In order for attachment to continue to be a developmental construct, Greenberg et al. (1993) argue, new sources of information should be derived from “methods and ideas” outside of those gathered with “children and their parents” (11). They argue that new formulations of attachment are useful as long as they retain attachment’s core definition as a behavioral system that is organized around “issues concerning protection, security

and trust, and the organization of physical proximity and contact” (20). New frameworks should preserve attachment’s functional significance of protection; its behavioral outcome of seeking to maintain the conditions of security, often through proximity; and the set-goal of attaining relief from distress, or of achieving a felt security. The means by which “protection occurs, proximity is regulated, and security is derived” (11), however, can change. New examinations of attachment are therefore within theoretical parameters, if they focus on explaining how attachment becomes cognitively and affectively “organized within the individual” as a patterned behavioral response based on the goal of attaining security through a caregiving bond (Ainsworth 1990, 469).<sup>9</sup>

These assertions, therefore, serve as a basis to further examine the notion of a developmental attachment to place. Before beginning to respond to these criteria, there is, however, the question of whether there have been other attempts at such a unification. Studies, such as by Hart (1979) and Moore (1986), have examined children’s experience of place and highlight the developmental relevance of these experiences, but did not attempt to connect this with attachment theory. Chawla (1992) began to bridge this gap by noting that it was not clear, at that point, whether children developed a distinct attachment to place or whether they were experiencing a secondary effect of social attachments. She examines four conceptual and empirical frameworks (psychoanalytic theory, environmental autobiographies, behavioral mapping, and favorite place analysis)

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<sup>9</sup> Ainsworth (1990) agrees that these are the core functions of attachment (“organization of behavior in context, working models, and the secure-base concept” (464), but she also mentions other important facets such as its evolutionary basis and its emphasis on a goal-corrected partnership.

to examine whether children can be said to develop an emotional attachment to place, and if so, to what types of places (e.g., home, parks, playgrounds, the city). She concludes that children do indeed develop an emotional bond to place and that this bond has an enduring value. But while she affirmed the existence of a bond to place, she did not attempt to outline developmental connections. Two studies by Giuliani (2003) and Morgan (2010) attempted to investigate such a linkage. Giuliani evaluated place attachment in relation to Ainsworth's definition of attachment (1989). She concluded that although there are several overlapping points, the two concepts diverge, especially as there were no empirical studies that could provide a way to assess the connections (studies of place attachment provide social cultural analysis and not developmental empiricism). A discussion of the similarities she raised, as well as questioning the points of divergence she enumerated, will follow further below.

The most recent and only other study to examine the parallels between place attachment and developmental attachment theory was conducted by Paul Morgan (2010). Morgan started by noting that scholars had yet to build "a coherent developmental theory of place attachment" (4). He then aimed to explore this relationship more explicitly by asking if "childhood place experience" connects to "the development of [an] adult sense of identity that parallels the identity shaping role of the attachment relationship" (5). He concluded that there is evidence to assert that such a relationship exists. Children's "positively affected interactions" with and in their daily surroundings can create "long-

term affective bonds” that are generalized into an internal working model of place.<sup>10</sup> This processes parallels how interactions with caregivers create working models that form the basis of attachment bonds. Morgan then theorized how place can act as a moderator of the caregiving and emotional regulation process. His main intervention is in asserting that the qualities of place, through creating or mitigating threats, is another factor that enables or hinders the soothing process during caregiving interactions. Place influences children’s ability to feel assured that they can leave their caregiver and successfully re-engage in exploring their environment. He extends the caregiving security (feedback) model to show how place can moderate the feedback cycle. Although he discusses how place provides support, nurture, and identity development, his theoretical intervention adds place to the attachment cycle, but does not extend this argument to examine how place itself can operate as a caregiver within an attachment system.

This dissertation picks up where Morgan left off and aims to further argue that place attachment can act, along the lines of developmental attachment, as a caregiving

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<sup>10</sup> Morgan’s study examines affective bonds to place and internal working models of place as generated through “positively affected experiences,” and makes a point to emphasize this bond as positively reciprocal. In the paper, Morgan cites an example of Neal, a participant, whose place memories were weighted with “anxiety and lack of security,” and who in turn reportedly not feeling a love for or positive affect for his childhood homeplace. argue that before Neal’s experience is claimed as an absence of an attachment to place, more nuance and further exploration is necessary. Neal, and others who have more negative affects to place, via insecurity and anxiety, may be expressing different styles of place attachment, rather than no attachment. When Neal reports feeling no deep sense of grief upon separation, or not wanting to attribute significant aspects of self to a distressed homeplace (an anxiety that could result in wanting to disengage self from place), these attributes may instead be the signs of an avoidant or ambivalent attachment to place, and how they are manifesting in later life aspects of identity and in the narrativizing of oneself and one’s life story.



source—a landscape with a caregiving capacity that is influenced by the accessibility and reliability of the nearby people and places of support, as well as by how effective such a place is at providing social support and care that alleviates distress. The bond to place that develops can therefore be not only secure and based on positive interactions, but it can also be insecure and based on reciprocal, but not completely positive, caregiving experiences of place. The following discussion elaborates these points, by posing questions related to the criteria that assess the developmental connections to place attachments.

#### Can an Affective Bond to Place Form Based on Seeking Caregiving Security and Comfort?

Geographers, beginning with the “humanist scholars,” have long examined the affective nature of place and the importance of place attachments (Adams et al. 2001; Tuan 1977, 1974; Relph 1976). The notion that people develop emotional bonds to place has been theorized and examined through concepts such as topophilia, insideness/outsideness, rootedness, belonging, alienation, and placelessness. The affective bonds that connect people to different scales of places, from the home to the neighborhood, city, and beyond (Hidalgo and Hernandez 2001; Kasarda and Janowitz, 1974) can stem from emotions associated with individual and collective experience (e.g., formative memories), the social and physical dimensions of place, or by the functions a place provides (spiritual, sense of belonging) (Lewicka 2011; Scannell and Gifford 2010; Low and Altman 1992).

Ainsworth (1989), however, asserts that an emotional bond becomes an attachment bond when it is an affective connection sought for security and when it develops with an attachment figure that is not interchangeable.<sup>11</sup> Attachment-based affective ties should compel a seeking of closeness which, if found, would result in the person feeling secure and comforted. Attachments to place can indeed stem from this mode of caregiving interaction. Although a place is not an individual caregiver, places can be sought out for their caregiving capacity and ability to provide comfort and emotional regulation, as well as their role as safe havens and sources of nurture that provide a physical as well as affective sense of security (Lewicka 2010; Giuliani 2003; Shumaker and Taylor 1983). Attachments to place can also become activated in relation to stress, as place is sought for caring services that create a felt sense of calm, decrease anxiety, and offer psychological restoration (Chatterjee 2005; Korpela et al. 2002; Korpela 1989).<sup>12</sup>

Similar to attachments to human caregivers, the forms of security sought from

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<sup>11</sup> This is one of the ways that place attachment differs from childhood attachment theory, in that it is a bond that is interchangeable. This difference is discussed further below.

<sup>12</sup> When place (as a spatial and social space) is conceptualized through a lens of care, these caregiving services become evident as well as those related to the caregiving capacity of a place. The ability of a place, for example, to care for people's health, welfare, and well-being and provide the means for educational development and access to livelihood opportunities has been crucial to how people evaluate neighborhoods based on where to raise their children, assess the ability of nations and cities to provide for their citizens, and even to evaluate the developmental potential of a place. The caregiving capacity of a place can compel people to seek it out for various comfort and security reasons, ranging from the desire to secure basic, fundamental needs to a short-term sense of protection, relief, and emotional regulation and to a longer-term assessment of how well a place can care for one's personal development as well as for the well-being and needs of future generations.

place can evolve and expand through the lifespan. Reaching out to place can move from seeking protection and security for basic needs to searching for relief associated with the psychological distress that emerges across life stages, and to seeking support in reaching one's life goals, particularly when those goals become threatened, creating anxiety.

Places, because of the caring services they offer, the nature of caregiving encounters they enable, as well as how they function as a landscape of care, can provide for a range of reciprocal caregiving interactions. Reciprocal caregiving interactions are developmentally significant because they create the type of ongoing encounters that are scaffolding, and that can bridge toward more complex capacities. As Bronfenbrenner asserts (1998) reciprocal interactions that children have with other people, objects, and symbols can act as building blocks for more complex skills. Interactions that are repeated and become more complex over time, or build in the sense that they enable children to develop cognitive, social, or behavioral capacities, tend to be developmentally significant (e.g., reading to children, responding to needs of care, playing with Lego blocks). These reciprocal interactions, or proximal processes, provide the foundation that shapes how future development is expressed.

As children turn to the places around them for reciprocal support, they do so based on a range of needs and types of distress (Chawla 1992), as well as in relation to the different forms of social support needed to engage within one's daily landscape. They turn to place for comfort and security, and move from the security that comes from seeking help after falling off a slide, to learning how to navigate safely and by themselves through their community, to developing the capacity to build different types of support

networks and to do so across different scales of places—from home to school, Girl Scouts, the neighborhood, and broader city.

As children turn to their daily landscape of care, either they are experiencing encounters that are nurturing and that reinforce the perceptions that their daily landscape is caring and reliable, or encounters that signal that, around here, getting cared for is unreliable, and that turning to the places and people around you may not meet their needs. These caregiving experiences can be internalized by children as a “sense of being shaped or ‘parented’ by place” (Morgan 2010, 11). Being parented by place can be viewed as form of guidance that transmits ongoing lessons about how to respond to and seek care, whether to do so optimistically or more cautiously, as well as how to cope with stress and resolve threats as they transpire within and across one’s everyday surroundings.

Ainsworth (1985) argues that the importance of attachment bonds should not be measured by their strength, but by how deeply they penetrate through aspects of a child’s life. Early childhood attachment bonds are “strong” because they are central to children’s survival and ability to expand their capacity to engage in the world around them. The early life relationship that develops through seeking out place for support and security, is similarly “strong,” in that through this bond, children are learning how to interact within places in a way that also integrates them into a supportive network. They are determining what it takes to get support from others and how to engage in their surroundings in ways that maintain their safety and decrease their exposure to threats. Part of the sociability of place, and early childhood spaces, is that through these places children are figuring out

how to interact with others and with the world around them while also learning how to build social forms of support and caregiving security.

Learning how to seek and receive care is interpersonally derived, but it can, when viewed through the lens of a place attachment, be conceptualized as an emplaced knowledge that also derives from one's relationship with place. The ways in which place influences how children learn to be and to behave in order to maintain the conditions for their security, shape important aspects of how they will engage within social spaces they find to be more or less caring as well as how they will perceive their sense of self through place. Before exploring these formative influences of childhood attachments to place, it is important to examine how this affective bond operates through mechanisms of seeking proximity, or closeness.

### Is Proximity to Place Sought for Security?

A defining aspect of attachment is that it is a bond that develops through seeking proximity to a caregiver. The biological basis of the attachment system, as Bowlby (1983) theorized, derives from the goal of seeking protection by maintaining proximity to an attachment figure in response to perceived stress or danger. Once activated, the attachment process proceeds, driving the caregiving cycle and the pattern of response that coheres into an attachment bond.

Taken literally, proximity as a set-goal of the attachment system can, as Ainsworth asserts, yield “an oversimplified picture” (Ainsworth et al. 1978, 13). Rather than

physical proximity as the goal, the aim of the attachment system is to achieve the conditions for attaining security and relief from distress. Proximity, while used early and often, is but one of “a variety of alternate behaviors through which a child may attempt to approximate that set-goal” of eliciting security and attaining relief from distress (Ainsworth et al. 1978, 25). Bowlby (1982) also clarifies that rather than just attaining proximity, the goal is securing the caregiver’s availability. The child is ultimately assessing whether the “attachment figure is both accessible and potentially responsive” (200) rather than simply nearby. Children are therefore seeking to achieve an internal homeostasis where they feel safe because they are assured that they are in a state that enables them to maintain the caregiver’s availability. Maintaining a sense of closeness to the caregiver is thus one of the key ways of ensuring that support is accessible and responsive in times of need.

This understanding of proximity and the set-goal of attachment enables us to ask whether or not proximity to place is sought in order to compel security. Is a closeness to place sought in order to increase the likelihood that place, as a source of caregiving, remains accessible and responsive in times of distress? In short, yes. Because place has a physical spatiality and is also socially constructed, maintaining the availability of care through proximity/closeness operates through physical connectedness as well as through connections based on a sense of belonging or familiarity (insideness). First, being near places that provide support is one way of maintaining access to caregiving security. People seek to “maintain proximity to their significant place” and “may exhibit a sort of clinging behavior” in order to “enhance their feelings of safety” (Scannell and Gifford

2010, 6). Additionally, being in a heightened state of distress or vulnerability, temporarily or more persistently due to factors such as social status, can increase the desire to remain close to place (Fried 1966). For children, seeking proximity may mean remaining near places where the caregivers are trusted or familiar (home, a neighbor, school), where support is typically provided (community center, apartment's administration office, gas station, firehouse) or where danger can be evaded (hiding place, bus/train station, a location that's avoided by an enemy).

Secondly, understanding and abiding by social norms can increase access to care and to responsive care. Knowing how to cross the street, what routes to take or avoid, when to be outside (or not), where to safely play, whom to ask for help and how to ask effectively, are all methods of seeking security in ways that are favorable to its local provision. Gaining familiarity, and an insideness in relation to place, can promote an understanding of how to maintain a relationship to place wherein its mechanisms of providing security are accessible and responsive. This form of security through closeness to place extends beyond being familiar with rules and encompasses social roles and identities as well. Being recognized as belonging to a place—someone who is familiar, who is *from here*—can increase the availability of care and/or create a felt sense that care is more readily accessible. Being an “insider” can increase the likelihood of securing support and getting preferential care, or decrease the likelihood of being seen as unfamiliar (an “outsider”) and thus at risk of being targeted and encountering threatening

situations.<sup>13</sup> Having a place-based status can grant access to the means of attaining security and of doing so through locally particular mechanisms.

Believing that you are “judged to be the sort of person” who is responded to favorably, increases confidence that support will be responsive, and works to promote the goal of maintaining an internal homeostasis (Bowlby 1976). Adopting roles and ways of being that align one closely with place can increase one’s felt security by promoting a sense of assurance that one fits in and, around here, will be taken care of. Staying close to places of support and adopting the routines and norms that guide how to be in a place safely, increase one’s tangible and felt sense of security, and can decrease feelings of fear and anxiety as they provide an assurance that one is, over experience and familiarity, “taming” place (Koskela 2005). Maintaining a proximity to place via belonging/insideness can increase one’s status as *acceptable* and familiar in a way that grants access to more responsive and available care.

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<sup>13</sup> Belonging and insideness are used here to mean that those in one’s daily surroundings recognize one as familiar and local or as *from around here*. This sense of belonging to place has been recognized as an attachment that can provide security, relief from danger, and even a privileged protection (Young 2005; Hooks 1992; Pratt 1983; Tuan 1977). The security generated from a belonging to place has, however, also been critiqued as being exclusionary, and used to legitimize oppressive boundaries between us and the other (Sibley 1995; Rose 1993). It is this exact tension between gaining or being deprived security based on how one is recognized via place that is a key reason why proximity/closeness to place matters in the formation of caregiving attachments—it is intimately tied to security and social status and worth. Belonging/insideness to place can shape the nature of the caregiving interactions as the attachment to place develops.



### Can Caregiving Interactions Generate Patterns of Behavior and Expectations that Characterize Different Types of Attachment Bonds to Place?

Yes. First, children develop strategies in order to receive care from their everyday places. They actively determine how to use and act within their daily landscape in order to access more reliable care and maintain relationships that support their security. In general, children develop a mental map of safe places and pick up on the norms for attaining security (Cope 2008; Christensen and O'Brien 2003; Tienda and Wilson 2002). They know to reach out to these safe places in times of distress, and create their own more hidden places that provide security in the form of a getaway, hideout, or space to play and relax (Matthews et al. 1998). They also engage in norms around signaling for care and pay attention to which responses generate security, and in what places.

What is important, after recognizing that these strategies for compelling help can be attachment behaviors, is paying attention to what behaviors are used and how they change in relation to the caregiving capacity of place. Shouting for help before even looking at the assignment because one did not get tutoring help yesterday, is different from assessing that today seems just like yesterday and then deciding not even to call the tutor for help. Checking to see if one's sister is at home or if the church group is here, having a backup plan ready, and then bouncing in between being sad and angry while walking away because no one was there, is different from expecting that one's sister and the church group will be there and being extremely perplexed because they did not show up today. Trying to build a supportive peer network by including people who are a little ghetto because it means that they will have one's back and one never knows what can

happen around here, is different from excluding those types of neighborhood kids because one knows that they are bad and will only bring more trouble.

These strategies, as they become increasingly organized based on the kind of support one expects to receive from day to day and generally from place to place, signal the development of a working model of care. Such a development, based on expectations of caregiving and of organized responses to its availability, means that an attachment bond is forming (Bowlby 1976; Ainsworth 1969). If this attachment co-constructs the belief that one is likely to receive care, can confidently access support when needed, and is deserving of care, then the attachment bond that develops is secure and positively reinforcing (Ainsworth et al. 1978).

Secure attachments to place may therefore develop the more one's daily landscape is perceived as operating as a safe haven that provides reliable care and is responsive to requests for care. The belief that one's daily landscape is stable under a wide latitude of conditions is thereby strengthened. Minor disruptions can become perceived as less threatening, and care can still feel available based on flexible roles of self, or on a greater distance to place in terms of belonging (insideness/closeness is not a primary form of sociospatial capital that is necessary for attaining security).<sup>14</sup>

Similar to attachment to a parental caregiver, children who feel cared for via a

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<sup>14</sup> Being securely attached to an unpredictable or volatile landscape, however, may form via gaining a closeness to place, especially if this mode of belonging/insideness provides some measure of security (e.g., joining a gang for protection and support), or helps to alleviate anxiety and distress (e.g., adopting a hood identity as a form of resilience against social stigma).

secure attachment to place may develop a self-efficacy that transfers from their daily landscape to other places, enabling them to feel assured that they will be judged as worthy of receiving support and will be cared for and about in similarly supportive ways. Children who are securely attached to place may therefore be building a representational model of self and place that aligns to create a sense of confidence about gaining access to support in and through place, navigating new places in ways that can build social forms of support and security, and seeking care from their surroundings without necessarily having to prove that they are deserving, above and beyond what is required by others.

Conversely, insecure attachments may form when place is not viewed as a secure base or is perceived as an inconsistent safe haven. In terms of the latter (insecure, ambivalent),<sup>15</sup> children may be worried that they cannot maintain the conditions for their security, as the caregiving capacity of place is unpredictable, and prone to depletions and becoming abandoning. As a result, an intent to compel support in ways that increase the responsiveness of care develops, and it is a mode of being and behaving that is more defensive, doubtful, and distressed.

Children who are insecurely attached to place in this manner may therefore be building a model of self and place that is characterized by an anxious and distressed orientation that reflects the landscape they are operating within. They may develop the affective belief that they are the type of person who is unable to get consistent care from the people and places around them, and who has to stay cautious because they may

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<sup>15</sup> This perspective of an insecure attachment, which is also ambivalent, is based on the experience of kids in the CC.

encounter places that withdraw or reject care, especially if these places judge them as unbefitting in some way or perceive them as less deserving.<sup>16</sup>

Insecure (avoidant) attachments can also stem from the belief that one's daily landscape is not supportive at all. Rather, it consistently denies care, is unable to provide security that relieves distress, or experiences disruptions that make attaining security from the people and places nearby highly unlikely. In these cases, children may withdraw from seeking support and adopt the mentality that they are on their own. They do not expect to engage in their daily landscape based on a belief of caregiving reciprocity. They may interact within their daily landscape with a mistrustful view of assembling social support (or seek support based on highly restrictive criteria), or they may disengage completely from their surroundings and reject seeking proximity/closeness in terms of belonging and being *from here*. The sense of self and place that may develop from this experience could be one wherein there is difficulty trusting that places will provide support (even if they are places where care is a lawful or professional obligation) and an

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<sup>16</sup> Insecure attachments may also form in relation to a landscape that is safe in terms of overall crime, violence, and high risk activities. But the experience of place can change depending on the person and his or her position. A place that is generally safe may not be so for all people, and some could end up encountering risks and threats because of who they are, or are seen to be. Certain people and places may not provide the same level of care as other places, and it may not be possible to assure the security of every individual in every various place. In another scenario, having a social and spatial identity that is at risk of experiencing greater harm and being in a landscape that is also unstable or volatile, may exacerbate the belief that the relation between self and place is hostile. Places, in this perspective, are likely to be viewed as uncaring or largely rejecting. Extreme vigilance may become necessary in order to determine how to interact in ways that can create conditions of security or to withdraw from expecting support and/or from engaging with place based on a belief in caregiving reciprocity.

anger or resentment about this rejection may develop alongside a mode of engaging within a world that is more threatening than caring.<sup>17</sup>

### Can a Developmental Attachment to Place Exert a Lasting Influence through the Lifespan?

Attachment, as a bond and “as a personal construct,” shapes how children make sense of their caregiving relationships as well as how they expect to be cared for in the future, by their primary attachment figure as well as in other caregiving relationships. This working model of care, with its affective bundle of perceptions and behaviors, translates to caregiving relationships formed through adulthood as well as to a generalized view of themselves and the broader world.

The assertion, then, is that a developmental attachment to place operates in similar ways to shape how children view their everyday landscape and broader surroundings as caring or supportive, and how confident they feel about being able to interact in place in ways that can gain them access to support. Children with a secure attachment to their daily landscape may grow more confident about themselves as deserving of being cared for and assured about interacting in the broader world in ways that enable them to access

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<sup>17</sup> This insecure and avoidant attachment may be transferable within similar landscapes but might not cross over into a generalized sense of relating to the world. This means that encountering a drastically different landscape that feels secure would produce a different relationship, as multiple working models and attachment bonds to place can develop. This generalizability across place, however, might be in contrast to an insecure-ambivalent relationship to place which could lead to a more generalized attachment orientation because experiencing inconsistent support can apply across a greater range of places.

care, while others who are more insecurely attached to place may grow doubtful and anxious about themselves and their ability to compel social support and security in times of distress. Viewing places through the lens of care and through how its caring capacity creates an attachment bond, makes the caregiving that people receive from place both particularly significant and open to more nuanced analysis.

Perceptions about how supportive or rejecting a place is, decisions about where, how, and whether to turn for care, as well as whether that support will be extended or not based on one's social position or acceptability—all may be part of specific responses that are generated by the pattern of care provided by place, and that are influenced by patterns formed early in childhood. The caregiving capacity of place and the ways in which it functions as a secure or insecure caregiver may have formative and behavioral explanations for the sense of security or dislocation felt in relation to particular places. A place may be felt as distressing and threatening because it is creating a caregiving relationship that is rejecting and unresponsive to signals of need.<sup>18</sup>

Studies, for example, often report that first-generation students find the experience of adjusting to college difficult (Pascarella et al. 2004; Terenzini et al. 1996) in ways that create anxiety and limit their self-efficacy and academic confidence (Phinney and Haas 2003). The experience of place is one wherein many of these students report that “available support” is lacking, access to support is limited or not felt as

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<sup>18</sup> This is not to say that all places that are felt as distressing are so because they are unresponsive to a person's care needs, but to point out that the construction of place and its caregiving role is an influential and largely overlooked source of feelings of distress.

appropriately caring, and gaining the type of social support that integrates them to the care and connection is difficult to find (Dennis et al. 2005; Stephens et al. 2012). This experience of place, where care is expected from and through one's immediate surroundings but is inconsistent or not available and where threat to self is perceived as high, is reflecting patterns of an insecure attachment to place.

The cause of first-generation students' difficulty adjusting to place (the college environment) may more specifically be that they are experiencing an unreliable or unresponsive caregiving landscape that, through an insecure attachment to place, is creating responses that are both adaptive and compromising. If so, they are using attachment strategies aimed at regulating the caregiving capacity of place and coping with feelings of rejection in relation to withdrawals of support. For example, they are said to withdraw or passively retreat from seeking support and become angry, resentful, and vocal about not feeling supported (which can represent a signal for care that is misread); and through experiences of feeling perceived as less-acceptable students believe that they will be less able to access assistance that is responsive and effective (Rendon 1992).

In other words, through the process of seeking and receiving care in a context where they worry about "available support" (Dennis et al. 2005; Rendon 1992) and about their "academic fit," and are trying to reach an aspirational goal that demands acquiring social support in and through a new environment, they start to suffer from higher and/or more prolonged stress, "self-regulatory depletion," and lowered levels of self-efficacy (Johnson et al. 2011).

When read as responses to a landscape of limited or unresponsive care, these

responses become perceptible as attachment behaviors to place, and insecure attachment styles. The internalizing symptoms these students are experiencing also reflect symptoms produced as a result of a distressed interface between support, self, and place (e.g., anxiety about support being rejected, lower self-efficacy in relation to accessing the type of support necessary for navigating the college context, and judgements that create the perception that one is less than and thus less able to command the same access to support as others). Rather than simply a maladjustment to place, or an immature perception and emotional response that needs to be shaken,<sup>19</sup> these feelings and behaviors may be co-constructed as part of a relationship with a place that is providing unreliable support, and is producing behaviors that jeopardize students' academic functioning.

Not being able to relate to place in ways that secure social support or maintain conditions of security, therefore, may be creating tangible effects on their ability to transition to college in ways that promote academic success and enriching experiences. Additionally, if first-generation students, who predominantly come from lower-income families and from poor neighborhoods, have attachment histories shaped by insecurity, then encountering another environment that is interpreted as insecure would exert pressure on the aspects of self that are already vulnerable. It is therefore not, as many universities promote, largely a matter of first-generation students' learning to be more mature, or being prepared to adjust to college, or learning how to find the right kinds of

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<sup>19</sup> Bowlby (2012) describes how children's responses to insecure caregivers were often interpreted as immature behavior (which needed to be outgrown), before theory and analysis caught up to recognizing these responses as motivated by care and as adaptive, patterned behavior that develops in relation to specific experiences of caregiving.



support. Rather, it may be a situation where change occurs through transforming place and extending its caring capacity as well as changing the nature of caregiving encounters such that they generate more secure, rather than insecure, attachments.

Attachments to place, as formed through the caregiving capacity of place and the ways in which security and care is extended or retracted, influence people's ability to access social support and maintain a sense of security and well-being. The security or insecurity of the attachments can create differences in how people, through place, are socially cared for and about, and how they are positioned in relation to accessing reliable social support. Some, with histories of secure attachments, experiences in supportive landscapes of care, and a social status that makes places feel less hostile and threatening, can more confidently seek and access societal support as well as secure caregiving resources. They are better able to make demands of a reliable and receptive landscape of care, and expect a reciprocity of support in turn. Being able to experience place as supportive and caring is often what sets apart the privileged who can claim this felt security while at the same time making light of it as simply an emotion, rather than an affective experience produced through encountering power and inequality (Tronto 1993).

For others, the inability to experience places as caring and through secure attachments (i.e., to achieve a tangible and felt sense of security and comfort) is a violent disruption. Insecure attachments to landscapes that are unable to provide adequate and reliable care, can act in multiple ways to disrupt the caregiving cycle, from seeking care rightfully, to protesting in effective ways to address reciprocity, to being able to access the necessary support that facilitates the process of extending beyond survival to

continuing to develop, advance, and thrive. As a result, while others experience reciprocity of support, those with insecure attachments are less able to receive equitable support and also to relate to place in an equitable manner that seeks care and security based on being deserving and that holds places accountable for their failures of support, rather than expecting to take on the cumulative burdens of living within landscapes of care imbalances.

Many of those who fall outside the boundaries of support and of being deserving of consistent care are children like those in the CC, who are striving to use their daily landscape to construct their early lives in ways that enable them to reach better futures. They instead become vulnerable through their attempts to adapt and derive more support than their landscape provides, and by the prior need to prove themselves as good and smart before this care is extended and consistently given.

### Incongruences and Limitations

Giuliani (2003) proposes that if place attachment is be examined from a developmental perspective, then the basis for exploring similarities should be through Ainsworth's criteria for attachment to people as caregivers (1989). Place attachment, if developmental, should have the following characteristics: a long-enduring tie; a bond to a partner/object that is unique and not interchangeable; feelings of security and comfort that are achieved by seeking closeness with the attachment figure; a desire to maintain closeness or establish proximity to the attachment figure; and distress and grief upon

separation. Research, she concedes, has indeed shown that place can provide security and comfort, and enhance people's well-being; that long-lasting and enduring bonds are created to places, and that separation from place can result in strong feelings of grief and anxiety. Giuliani, however, contends that when evaluating attachment theory to caregivers as people and place attachment "the differences seem to outweigh the similarities" for three main reasons. First, that while place attachment can be unique (e.g., a bond derived from personal life history of an area), it is often generalized and bonds can be developed with interchangeable locations or based on the cultural meaning given to a site rather than as a bond formed via direct personal experience. Second, while there may be a sense of grief upon separation from a place, this can be felt as a nostalgia that does not prompt a desire to relocate and re-establish proximity. Most importantly, she claims that place attachment has been analyzed through a social-cultural lens rather than developmentally. As such, there is a lack of hypothesis about how relationships with particular places may create different types of attachment patterns and whether there are long-term consequences of particular types of attachments to place.

This lack of an empirically tested hypothesis, I would contend, does not invalidate the possibility of linkages between attachment theory (to caregivers as people) and place attachment. Rather, this gap points to the need for more concrete examination of different types of affective bonds to place, rather than simply asserting that there are positive and negative attachments. Second, the gap highlights the need to examine how and whether those attachment patterns may create different developmental experiences or shape formative beliefs and ways of interacting in and with place, based on notions of care,

support, and self-efficacy in responding to stress within one's daily surroundings or within a world that is viewed as more caring or as more threatening. This research aims to examine such questions. It also recognizes the following areas where a developmental theory of place attachment would diverge from existing frameworks of childhood attachment theory:

- Place attachment is not as universal as human attachment, and is concerned with a landscape of attachment, rather than attachment to a particular figure.
- Developmental attachment theorists focus on the first three years of life, whereas place attachment is most salient during later childhood (8–13 years), and people-environment theorists do not restrict the meaning of attachment to a specific person, object(s), or life stage.
- Developmental attachment to a caregiver can vary based on the caregiver (e.g. mother vs father). A developmental attachment to place should also recognize this similarity in that different places, and different spaces within a broader landscape of care, can elicit different types of attachments.
- Attachment is perceived as a repeated set of interactions to one caregiver, or a bond developed over time to a particular place. Place attachment is described as interchangeable because the affective bond may transfer to a similar type of place. What might be underlying this transference, in situations where the affect is generated via personal experience, is how the relationship among elements of the caregiving cycle/experience becomes reconfigured elsewhere and generates a

sense of familiarity and expectation. An underlying relational network—a topological constellation—may be working to generate a similar internal working model across places (Blum and Secor 2014). Experiencing another neighborhood that relates caregiving interactions, affects, and responses in a particular manner may elicit a conscious or unconscious sense of being within a familiar landscape of care, because a selfsame topological relationship is generated between person, place, care experiences, and affect. This makes attachment to place specific in that it is a bond that operates through a topological construction, but it is also more generalizable in that attachment styles may exert a broader influence over a greater range of contexts.

- Attachments to place may indeed be supported by an already-developed attachment style to a caregiver, meaning that if a child is insecurely attached to her/his mother, the general everyday experience of care received in a place may confirm this existing attachment style. Or vice versa, it might also be possible that consistent experiences of unpredictable support in one's daily landscape of care may create more ambivalent views of care in children who are securely attached to a primary caregiver. Or it may, for example, create instances where children have an avoidant attachment to a neglectful primary caregiver and an ambivalent orientation to care when interacting in their surroundings. The scale of the daily landscape, the consistency of care received within and through it, and prior attachment styles, are important factors to examine in making more-nuanced

connections between the caregiving experiences of place and the nature of secure-to-insecure perceptions of care and attachment styles that form.

- It is important to also note that attachment patterns are not psychopathologies in themselves. They instead create risk factors that can lead to vulnerabilities such as anxiety disorders, internalization disorders, externalizing behaviors such as anger, and hostile attribution bias. Additionally, disruptive behaviors and maladaptive responses are unlikely to be caused by one risk factor. They instead emerge through multiple overlapping risks, and can also be tempered by protective factors. Attachment insecurity therefore “exerts its influence *in the context of other risk factors* within the child and in the family ecology” (638; italics in original). Some associated risks that work in conjunction with attachment to create multiple pathways that heighten the risks of child psychopathology include the characteristics of the child; the caregiver’s socialization strategies and attachment style; the caregiving context and environmental adversities such as family resources and trauma, neighborhood violence, and poverty; and the available social support.<sup>20</sup>

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<sup>20</sup> [Back to chapter 6 section](#)

## Chapter 2:

### I Heard It's Still Bad Over There

The Cathedral Court Terraces has a reputation it cannot shake. It lingers and it is sticky. Built in the 1950s and managed by the housing authority of the city of Benson (HABA), the CC<sup>21</sup> is the largest of Benson's public housing communities. "The Property," as management refers to it, has 250 units spread over fifty buildings that sit on a third of a mile. The Property is designed and spaced in a way that aims to be suburban. The two-story buildings are a mix of brown brick and tan siding with white molding around the windows and roof. The spread-out buildings are interspersed with three playgrounds and a basketball court, and the community center that welcomes you to the neighborhood is flanked by the US and state flags. The CC Terraces are on the south side of downtown and are located right next to "The Ave," a spot where drug dealers, addicts, prostitutes, and criminals openly operate at all times of day.

For many years, The Ave and the CC Terraces were unpoliced and neglected. The latter was chronically mismanaged by HABA, as detailed in a 2000 audit by the US Department of Housing and Urban Development. The units were described as resembling "crime scenes or war zones." Residents lived in rat- and vermin-infested homes, with doors and ceilings that were sinking in, broken water pipes, and no heat. Many residents,

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<sup>21</sup> The Cathedral Court Terraces has many names: The CC, Cathedral, Cathedral C, The Yard. I will use Cathedral and the CC interchangeably, as the two most common ways people refer to it in speech.

left without working furnaces, used their kitchen stoves for heat.

By early 2012, the area had undergone a rapid transformation as gentrification began encroaching farther and farther into South Benson and the areas around the CC. Since then, crime has fallen dramatically as the demographics of the surrounding area have shifted toward a more affluent, white population. High-rise condos, two-story homes, and coffee shops are cropping up as brunch services are outnumbering church services, and as bikers ride in bike lanes, dogs stroll on new sidewalks, and food delivery zones expand farther into the south side.

The CC Terraces, however, remain within the pockets of poverty that demarcate the south side of Benson. They are said to be indisputably within South Benson, rather than what could be considered “still downtown” or what is now claimed as the central-west part of the city. In the neighborhood that surrounds the CC Terraces, a third of the residents live below the poverty line, violent crime is three times higher than the city average, the local high school has been rated Academically Unacceptable for the past four years, and a large percentage of high schoolers drop out (or are kicked out) of school. Demographically, the CC Terraces is 90% African American and Latina/o with mostly single-female-headed households (70%) and a large youth population (66% are 18 years and under). Most families survive on an average yearly income of less than \$13,200, many residents are unemployed (66%),<sup>22</sup> and a third have lived at the CC Terraces for five years or more.

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<sup>22</sup> In the CC, 20% of residents are employed full time, 16% part time, and 13% are retired. Of those who are of working age, 68% are unemployed.



A few of the mothers who live at the CC grew up there, and some live near their relatives and childhood friends. Many of the other mothers have lived at or were raised at one of HABA's other public housing communities. The rest, before moving in, heard about the CC from their friends, relatives, or someone who used to know someone who lived there. The mothers accumulate and layer on a history of stories about the CC. Some of the stories they tell are about the past, others present, and the rest lie somewhere in between and become mythical.

As we walk around the neighborhood, Ms Sofi, who has lived at the CC for 18 years, tells me about how bad it used to be: "It was bad around here when we were out here . . . like, 18 years ago. Then, after that, three years after that, it got worse around here. Worse. With drugs and police . . . This is really, really, truly, truly, the projects . . . [people] used to sit on my porch and deal drugs. The police wanted to use my house one day because there was a dope house in front. I'm like, 'Oh, no. that's jeopardizing my son. My son can get killed in the process.'" Georgina, now in her third year at the CC, says, "before they put us over here, I already had heard stories about Cathedral [from people] that knew people over here, or had heard stories about Cathedral before. Even years and years ago, like, you're lookin' at 15 years and back. I heard stories that even the police couldn't come to Cathedral. That's how bad it was. They were scared to come to Cathedral." When she moved in, her next-door neighbor told her stories about the violence that went on here, and she has seen it first hand. "While I been here," she says, "a lady got murdered. Up the hill. I heard different stories, but I knew her a little bit, about her, [well] I know some of her relatives. From what I heard, I guess somebody

must have kidnapped her and took her, and just, I guess they did whatever they wanted to her, but they killed her.”

The kids who live here pick up on these stories about the CC and learn about its reputation from their moms, relatives, and others. They hear about how the CC used to be the projects, is still the hood, and has drug dealers, prostitutes, fights, and stabbings. “It used to be horrible,” Juliana tells me. “My mom told me it used to be horrible. They said there used to be a lot of shooting . . . [and] my grandma used to go in the closet and go hide in there.” Bianca’s mom remembers the gunshots, and so does Chris’s mom, Anna’s, Jess’s, Sergio’s, and on.

The kids retell these stories and add their own experiences as they try and describe what the CC was and is. They help each other piece together what they are learning about where they live. They share information in whispers, like when Maria, with an air of wisdom, tells Isadora, “this is the one nine [’19]. South side one nine.” She shows her the hand signs and then says, “and this one is the two three.” She leans farther in, and adds, “and they say it’s bloods here. Like if you show wearing blue, nuh uh.”

A lot of what they hear about the CC comes from people who live outside the neighborhood. They hear that people think Cathedral is *ghetto*, *hood*, *the projects*, and *bad*. If people talk about the CC at all, they “mostly say it’s ghetto.” They get the sense that people say it is *bad* and *ghetto* because of its past. Anna elaborates: people say “it’s the projects. People outta Cathedral . . . They put a bad reputation over here . . . Because, like, the south side is known to be like a bad, hood place, and it’s not. They said that there’s a lot of murders over here, [but] there’s less and less every year.” At some point

the CC was really ghetto, but “that’s how it used to be back then,” Tina says; “they don’t know how it changed nowadays.”

“This used to be the ghetto!” Stephanie says to the other moms as they are catching up before the residents’ council meeting. “Yeah,” MJ says, “I got some pictures from when I lived here when I was ten, and the roofs used to be flat, and the buildings were yellow.” “Yes, project yellow,” Stephanie says, and adds, “But they changing it all up . . . I feel like we live in the suburbs. Just watch, they fixing things up around here.” “Yeah,” MJ chimes in as others nod along, “ain’t no more junk cars just lying around.” “Just watch,” Stephanie adds, “when they redo Oakdale [the nearby neighborhood] it’ll all change.” I asked Ms Grace, who works at the after-school program SmartKids, what three words she would use to describe Cathedral. The first word she said was *deceiving*: “It’s deceiving. I think people think it’s way more dangerous than it really is. I know I was a little nervous when I started working over here [because] of the things I’d heard about Cathedral. But, I haven’t really experienced anything that I would deem as, like, crazy. Like, “Oh, my god, I can’t.” I don’t know. I feel like it gets a bad rep unnecessarily . . . I feel like it’s changed a lot, and I don’t think people realize it’s not as bad as it used to be.”

The stories that stick to Cathedral, however, are the ones that swirl around the labels of *ghetto*, *projects*, and *hood*. The reputation that persists is the one that connects Cathedral to a history of crime and the image of a run-down public housing project on the south side of Benson. Everyone, even the ones who say Cathedral has changed, spontaneously shares stories about “a time when.” Everyone has a tale about a fight, a

break-in, drugs, a kidnapping, a missing kid, the crackheads around the corner, an incident with the police. Everyone has his/her own story about *that one time when*, and then *another time when*. The kids share personal tales, too. There was the time when “[I] heard a couple gunshots and stuff,” when my friend’s sister lit the closet on fire and “the whole house burned down,” and when that man “came out the back of his car and pulled a gun on the little boy . . . [and then] came to our house and started circling around it.” Or there’s the other time when my friend got stabbed, or when “I went back up to get the internet again, and the cops was there, and I was walking, and he was pointing a gun at me. I was like, ‘Don’t shoot!’”

It is not that these events happen all the time, but rather, that these are the stories of place that circulate. The narratives that confirm the reputation of the CC as ghetto are the ones that get retold and reverberate. A stigmatized neighborhood reputation is hard to change, especially without outside interest and investment. Those who live in public housing communities also move into neighborhoods that have long been associated with the plight of inner cities, concentrated poverty, racial segregation and unemployment, and the *urban youth*. Even if the neighborhood does not reflect these legacies, the dominant stereotypes of *the projects in the bad part of town* remain intractable, particularly as marginalized residents lack the means and influence to create the urban policy and media campaign necessary to change their neighborhood’s image (Lees et al. 2013; Logan and Molotch 2007). As stigmatized neighborhood reputations circulate, they can operate as a shadow reality that residents, especially children, have to negotiate (Harju 2013; Vanderbeck and Dunkley 2003).

A heavy atmosphere of stigma does indeed hang over the CC. But rather than operating as a separate lens or a shadow reality, the reputation of the neighborhood is just another part of the stories people use to examine the character of the place where they live. As Kathleen Stewart (1996) explains, rather than using stories to get at the truth, people who live in exploited, minoritized, or marginalized<sup>23</sup> communities often tell stories as a way to tame and occupy their surroundings. They are seeking to understand the impact of living in a place that is shaped by poverty, injustice, and vulnerability. In doing so, they process reputations as stories of events that have impact, and as narratives that help them explore what it means to interact with their surroundings. They frame discussions of place into stories about what their neighborhood does and what it feels like to inhabit such a place. The reputation of place becomes another part of how they continue to tell and retell the *experience* of “what type of place this is.”

As the reputation of the CC melds with stories of events past, present, and mythical, the CC becomes the type of place that you experience with caution. It feels

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<sup>23</sup> Marginal, in this use, is not meant to position a place and its residents as economically, socially, or politically ancillary to society. Many of the people who live here contribute to society, and do so in ways that are not reciprocated. I agree with how Perlman (1979) describes marginal as a place and as a position that residents occupy: “the *favelados* are not marginal, but inexorably integrated into society, albeit in a manner detrimental to their own interests. They are not separate from or on the margins of the system, but are tightly bound into it in a severely asymmetrical form. They contribute their hard work, their high hopes, and their loyalties, but do not benefit from the goods and services of the system. They are not economically and politically marginal, but are exploited, manipulated, and repressed; they are not socially and culturally marginal, but stigmatized and excluded from a closed class system.” Thus, to call a neighborhood “marginalized” is meant to position a place, and its residents, as a place and a socio-spatial process that is entangled within ongoing formations of stigmatization and exclusion.

untrustworthy. It is the type of place where it might not be safe, where crackheads might take you and bait you, as Bianca says, by calling out “oh, come here, little innocent girl, come here,” or worse yet they might rape you; and your teacher, hearing your concern, tries to calm you down by sharing a truism: “Crackheads can’t run. They don’t run straight . . . and they leave you alone unless they’re asking for money.”

It is the type of place where people “be at the playground all ‘shit nigga this, nigga that’,” and you can find some people, the “bus stoppers,” who loiter around smoking, dealing drugs, being up to no good. It is where a fight might break out over a wrong look, where you could walk out your door one day and “see drug deals right across the street or right next to you,” prostitution around the way, and “just always some kind of violence.”

It is the type of place where seeing mattresses and couches on the front lawn means a neighbor of yours got evicted. It is where, you might step over drug bags and condoms, and walk into an apartment and find just three mattresses and two blankets or a kid who has not eaten at home for a long time because there is no food there. It is the type of place where people can “ghost on you”—one minute they are there and the next anyone knows, they got evicted or arrested, or are fleeing from the law, an ex, or a situation.

It is the type of place where people rob you by pretending to be the city’s maintenance men, or they bust in through an A/C unit, steal everything, and your neighbor says it happened early in the morning. It is where up the hill, and at night, the hood bangers “wear the hood color . . . dice, ’n gamble.”

It is the type of place where that one kid Will almost got snatched walking to school, but then he got away, and there were all these cop cars out there. And just last Saturday “a 12-year-old kid got stabbed” and “it hit an artery.” And just the other day some parent gave the kids a liquid narcotic outside the Boys and Girls Club (the BG) and Cielo’s mom had to call the ambulance for her. And just this morning you get warned to be careful, because someone “could take you . . . they could cut you, they could slit your throat in half . . . or, kidnap you and rape you,” and the words float through your ears because this is not the first time or the last time you will hear this warning. The warnings and events are just an occurrence, an everyday fact, because at the CC everything is a possibility because it has happened before and then again after that, and these are the stories that travel.

Cathedral is a place where you, as a resident, tell these kind of stories right alongside all the ones about the good times because you are describing what it can be like to live here. You are processing what it all means and working through the complicated experience of living in a type of place that is homey, fun, boring, and also volatile and violent. You tell these stories because you are trying to figure out how to interact in this place, rather than label it. These stories that open up part of the character of the neighborhood, however, become fixed into the prevailing reputation of the CC—in part, because there is no compelling alternative narrative. And you also do not know if you want to latch on to here—to public housing, to the projects, to the hood, to the ’19 and to Cathedral Court Terraces as your forever home.

The reputation also sticks because people who do not live here and have never

been here hear these stories about “that one time” and they become all they remember and retell. And besides, they have heard something about those projects on the south side before.

The reputation of the CC becomes part of how people perceive you, as *someone who lives here*. They do not meet you on neutral grounds. It is the type of place where people look down at you while you are seated and let you know that they know that you “have to live here for many reasons.” You “need a roof over your head” and you are in this situation because of your past, and now your rights are limited because you live here and not “in a free world out there.” It is the type of place where you and your neighbors are seated around a woman who taps her boots for emphasis as she tells you that this workforce training “is for people who *want* to get on their feet. This is the type of job for people that are ready for *pro-fessionalism*. This is that program that will help you break out of the chain of public housing . . . this will help you get your children out of public housing . . . this is a center to make you independent so you can get out of public housing . . . the only limitations that man has is the one that man puts on themselves! [Long pause] *Okay*, so you *got-tah* make up your mind that you want *outta* this. *Okay*, so you *got-tah* make up your mind that you want *outta thisss!*”

The reputation of the CC precedes you and you are met as a resident of the CC rather than as Sofi, Stephanie, or MJ. It becomes a place where the two cops, who are supposed to talk about neighborhood safety, start almost every sentence with “I been working the projects for awhile.” And then proceed to advise you not to let “an ex boyfriend who just got out of prison” use your address, and do not let in unauthorized



tenants because they could have or be on drugs, and worse yet they could be sex offenders, and now they are living with you and your children. And they have to “tell you a true story [about how] there were neighbors at a house and upstairs they heard the boyfriend beating her up and they could hear the pounding but they didn’t say anything. The next day she didn’t come to work so they went to go check up on her and they found her on the floor stabbed to death and her three-year-old was holding onto his dead mom.” And since they “been working in the projects a long time,” they tell these stories because they know this is the *type of place* where you live. These are the people you are around. This could be you. This *is* you.

The assumptions woven through the reputation of the CC are direct and subtle. The messages are laden through everyday life in ways so that as a kid here, you become aware that you are growing up somewhere that is outside the norm, and that this changes how people perceive you. As you live here, you grow attentive to snippets of information people relate about your community and what life is like or is supposed to be like. In addition to these stories and experiences, you are also given books like *Homeboyz*, *The Secret Story of Sonia Rodriguez*, *Mexican WhiteBoy*, and more,<sup>24</sup> and are told that these stories will resonate with you—and many of them do. You, as a kid in the CC, can imagine what the fictional characters are going through. You see parts of where you live, and your life in these stories and wonder what reflection of self and place you are

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<sup>24</sup> These urban literature books for young adults are more or less uplifting coming-of-age stories. They are also life tales that revolve around struggles such as drug and alcohol abuse, gang violence, attempted rape, incarceration, being from the wrong side of the tracks, and taking the “hard knocks” of life.

supposed to take from this: the part about the hood, being in the ghetto, striving, struggling, failing?

You notice that every motivational speaker, and every graduation and *go to college* type speech includes messages about how the speaker knows that you “started out with a hard life,” live in a place that people look down on, you go to a school that people demean, and live in the type of neighborhood where the people around you probably do not go to college and may not have made it far in life.

The speakers try to connect to you by saying they understand the place where you live and come from. They ask you to stand up if you live somewhere where the people around you go to jail, are sexually abused, beaten, ain’t got no food . . . and boom, you and your friends bounce up and down, and some do not even bother sitting back down.

By the time you are eight or nine years old, you understand that because people think the CC is *ghetto* it makes them believe you when you say “I can’t,” “I’m dumb,” “this is too hard.” Being in the *hood* compels people to agree, to sympathize with you, and not question you when you say “I can’t read” or “I’m in special ed., I don’t know how to do this.” As you grow up you have no choice but to contend with how *ghetto* transforms the things it touches into being “less than,” and you wonder if you are becoming ghetto, or already are ghetto.

### Chapter 3:

#### Am I Ghetto?

Ms Ellen: "I just don't understand how they could have all that drama in fifth grade . . ."

Ms Grace: "I know it's funny to say fifth-grade drama. But the kids at the other sites aren't like this."

Ms Simone: "Really? That's interesting."

Ms Grace: "Yeah, like they don't care about their shoes, at least the ones that come to SmartKids."

Ms Simone: "Their shoes!?!"

Ms Bisola: "Oh, like they're not concerned about their Jordans and stuff."

Ms Grace: "Yeah, and even at Jackson Courts and that's just down the street they're not like this. It's cuz these kids have to be like that, they're *hood*."

Ms Abby: (nods) "Yup, they're *hood*. And it's funny cuz my cousins complain about these two kids at their school who are ghetto and I just laugh and tell them no, those kids watch MTV and copy stuff from that."

May 13, 2014

Natalia: "That's why if you see all those white kids at our school they got ratchet shoes and they dress ugly."

Bianca: "They kinda do. They actually do cuz you be seeing kids with Crocs, and some, some weird khakis, and t-shirts."

Natalia: "Their mom and dad spend so much just for the house . . ."

April 2014

"Hey," I say to Danny and Maria, "why are y'all wearing your shoes without laces?" Usually, everyone has got on Jordans, and they are fresh, clean, and crisp looking. Danny says, "cuz we're DGKs!" Maria looks on and giggles. "What?" I say, "I

don't know what that means." "Dirty Ghetto Kids!" he exclaims, as in, "duh."<sup>25</sup> "Oh, what does not tying your laces have to do with being ghetto?" I wonder aloud. Mya, who is just beginning kindergarten, comes up to our table, stares at us for a second, and then sounds out, "ghe-tto" like she is pronouncing it for the first time. She repeats, with her face scrunched up, "ghetto, what's ghetto?" None of the other kids answer her. Mostly because they're still wrestling with what this means. For Mya, this label has yet to color how she sees her neighborhood and herself. But, the silences and smirks she receives, and the way she cocks her head and raises her eyebrow back at the older kids, is starting to leave the impression that there is something about ghetto that is not good.

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Mr. Ely asks his freshmen to define *ghetto*, as the topic comes up often enough. The responses come tumbling out. "It's your actions," someone yells out, "like if you're loud, yelling for no reason, like hmmm she ghetto." "It's how you live," someone else blurts out. "No," another person shouts, "it's where you live, how someone looks at you because of where you live, if it's run down, got mostly blacks and Mexicans." Nelson says lastly and adamantly, "it means we don't give a damn. We don't care what you think." Other people respond and the definitions become a mixed list of actions, behaviors, place, race, and markers of personal and collective pride. This class, and others, generate a list that slants toward the negative. There is no concrete definition of

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<sup>25</sup> Later, I find out that some of the kids put DGK on their skateboards and gear because it represents the brand Dirty Ghetto Kids (DGK). But many of them identify this brand or the phrase itself as something that is about them and their neighborhood.

ghetto except that it is mostly pejorative but can be prideful, and it depends on who is using it and if they are saying it to judge and dismiss you or not.

When the kids at the CC come into contact with *ghetto* it is usually as a form of judgment or a corrective warning. They, in turn, judge their surroundings and those around them to see if the indictment of ghetto sticks. I am hanging around talking to Hallie outside her back porch. She is catching me up on her day when she suddenly looks around her and says, “Cathedral is ghetto, messy . . . too many cops, too many fights . . . look around, you are looking at people that don’t take care of everything, [the] grass is dirt, glass on the ground. And they come outside with no shirt . . . I’m trying to get far away from the CC, move west, or east, or north.”

The main criteria that the kids use for assessing the *ghettoness* of the CC are all the ones Hallie mentions. The CC is indeed ghetto because it is “messy” (i.e., there is too much drama) and because there are a lot of fights and violence. “It’s ghetto, it’s bad.” Izzy says, because there “be a lot of fights over here. Be a lot of fights over here. Over a lot of stuff. Like people be talkin’ smack about other people.” And there are “these bad, bad kids.” By *bad kids* she and others mean the type of kids who get into fights and pick on people all the time, smoke, drink, start drama, steal, do not do well at school, or are always in some form of trouble.

Second, the CC is ghetto because, as Antonia says, “there’s a lot of ghetto kids and people” that act “all ghetto.” “People don’t talk normal,” Kim says. They are ghetto, “if you hear these two girls in a fight, they be like ‘Girl, what’d you say ’bout my momma? What’d you say ’bout my momma?’ That’s how they be like.” “The

ghettoness,” Maria says, is just too much. “Too much cussing and stuff,”<sup>26</sup> and “my friends, they be like, ‘aww this nigga’ and all that.”

Then they will say that the CC is *hood*. There is all the violence, drugs, prostitution and fights. Everyone cares about their shoes, and, as Izzy says, the “hood sign [is] written all over the place. Everywhere I go, ’19, ’19, ’19, ’19.” And, you know you are really in a *hood*, they say, because the CC is all Mexicans and blacks with few white people, When the kids are around white people, there is a hierarchy and they are at the bottom: “like, at Xavier, there’s a magnet program, and there’s nothing but white kids. And in the Academy program, that’s regular, there’s all Mexicans and blacks, and like, two or three white people,” Erica reports. Juliana, linking race to being in a *hood* (a ghetto place) describes how a white girl moved into the CC. On her first day there, people were picking on her, telling her, “[girl,] you coming to the ghetto!” and asking her “why she moved over here ’cause this is a ghetto place, and she ain’t ghetto, she white.”

Some kids disagree and say that if you stick around any neighborhood long enough you are bound to see loud and crazy kids, people walking around without shoes and shirts, probably a few fights and arguments, and all of that does not add up to that place being ghetto. These signs of people and place do not necessarily mean that the CC is ghetto. Matt and his friends argue about this point as Dylan one day shouts out, “the CC is ghetto,” and Gabe joins him, crying out, “ghe-tto!” Matt is not having any of it. “No it’s not! No it’s not!” Matt yells back at them, from his front stoop. Gabe shouts over

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<sup>26</sup> By “cussing” she means the frequency of use, but moreso the use of these words to aggressively demean someone.

him, saying, “because lots of people run around with no shoes or socks.” “No! That sounds like you and Dylan,” Matt retorts, getting increasingly annoyed at them. “No!” Gabe says back, it is ghetto and “there’s too many fights. And there’s dead birds, dead animals up in CC.” Matt takes a breath and says, getting really serious, “Okay [pause], people say Cathedral is ghetto, but it’s not really ghetto. They think it’s ghetto, but it’s not . . . . But it’s really, it’s really not. If it were ghetto, they would be having, you know, you don’t really see doors with the metal bars, windows, and you don’t see that much glass around here. Maybe you see, like, one bottle broken. [If it were ghetto,] Everything woulda been messed up. The houses would be messed up, but here it looks nice.”

While Matt is trying hard to prove that the CC is not really ghetto, others hedge their bets by saying that the CC “is not the total opposite of ghetto,” but “it’s not really ghetto-ghetto.” Cami tells me that “people think just because it’s on the south side and it’s the projects, [they’re] thinking that everybody here is just gonna be tough and everybody here is gonna be like being bad, but it’s not. It’s like another community, it’s another government area. It’s nowhere bad . . . . There’s no line of good and bad.” And “if it was [ghetto] then this place wouldn’t be like this, it would be different.” She, however, like Matt, could not articulate what would definitively make it *not ghetto*. She could not identify what would need to change so that people could see the CC and not automatically think “ghetto.”

The kids at the CC cannot unstick ghetto from their minds, either. Once exposed to this idea, and through constant reminders, ghetto becomes a large part of how they understand the CC. Whether in acceptance or rejection, ghetto becomes stuck to how they

assess their everyday surroundings and themselves. However, this does not mean that they willingly accept a single-story representation of their neighborhood. They have experiences that contradict these negative representations. The CC is also a place where they ride bikes, skateboard, go swimming, play at the park, spend hours hanging out on people's porches, walk to the store to get Hot Cheetos and Takis, sit under the big trees, watch the leaves fall, chill and listen to music. It is, in essence, where they have fun: "we be turnin' up. We be crankin' up. We be partying. We be stayin' up late outside. We be jamming. We be getting cranked up in here!" It is where all their friends live and they get to see them every day: "my favorite thing," Maria says, "all our friends uh, duh! You don't know anything about friends?"

The CC is where they "feel like part of a family" and where they are surrounded by people who understand what they are going through and who "have their back." "One thing about the hood," Ms Grace says, "is everybody knows each other, everybody has each other's back, for the most part . . . It's like a sense of family within the community. Like, 'Oh, my mom has known her mom since this, and we've grown up together,' you know. And you just kinda look out for each other. Within their little groups." Natalie says, this hood sense of family means that most people around here "run for each other, they run for hoods."<sup>27</sup>

The kids at the CC grow ambivalent about their neighborhood as they start to hold

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<sup>27</sup> "run" in this case means to support others as needed by "having their back".



onto the idea that it is both ghetto and good.<sup>28</sup> Tina says that the CC becomes “an average community ’cause good things could happen and then bad things could happen, too, so it averages out in the middle.” Candice describes Cathedral as “not a bad environment, or a good, [it’s] an in-the-middle environment, you know. So, it’s kinda good?” While Candice sees it as stuck in the middle, Anna flip-flops. She says that people call it ghetto but it is “not necessarily the projects.” She does not “know what they are” but living here is “fun and homey” and it is a family place, but then again it is also “bad” with lots of fights. She used to really like it here and wanted to “live here forever,” and it is still “a good place for you to get raised at,” but yet she does not want her “future kids to get raised here.” She wants to move to “a better place” and so she’s “not saying it’s a bad place, but . . . ”

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<sup>28</sup> The task of integrating their personal experiences with stigmatized representations often leaves young people who grow up in marginalized neighborhoods conflicted and ambivalent about where they live (Kirkness 2014; Harju 2013). Responding to place stigma can tilt toward internalizing or rejecting stigmatized narratives. Kirkness (2014) provides an example of the latter. He chronicles how perceptions of stigma by residents in marginalized neighborhoods, such as the *banlieues* in France, can generate the type of ambivalence that shifts away from stigma and creates responses that strengthen “networks of solidarity and a deepening attachment to place” (1285).

This ambivalence and positioning of the CC as “kinda good,” “kinda bad,” or “ghetto but,” comes in part because the weight of ghetto exerts a large influence over their experience of their community as “fun,” “cool,” and “good.” The marker of ghetto shifts their analysis of place closer toward bad, because ghetto as a form of stigma is devaluing and filters evaluations through a negative lens.

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### **The Bad Kids: From Ghetto to Running the Streets**

The stigma attached to specific places can be so strong that it operates, in part, separate from poverty, ethnicity, housing, and crime, and becomes known as a “bad place.” Territorial stigma, Wacquant (2014, 2007) goes on to explain, is actively created when a place is collectively represented as dangerous, derelict, vice-ridden, or bad to such a degree that the stigma becomes the defining characteristic and image of that place. The stigma takes on a life of its own such that, regardless of what is actually happening on the ground, the perception of disgrace marginalizes the community and works to produce inequality. Moreover, this spatial disgrace is also projected onto residents who become doubly burdened as their physical space is devalued and as they become associated with disgraced social identities.

As the stigma transfers between place and people, the shame associated with inhabiting such a place (*the ghetto*) and being such a person (*ghetto*) works to support the notion that this life-outcome is personally derived. What is to blame for this outcome, is how individuals’ flaws create flawed choices and actions such that ghetto people end up in ghetto places. Place stigma therefore shames people in a way that blames them for living where they do, and this blame works to re-explain why the place is and should continue to be stigmatized. The coupled effects of stigma and blame work to substantiate the belief that a person who is *of the neighborhood* will end up stuck in the *hood*. When Anna says, “some people *because it’s the projects* think we’re just gonna be working at McDonald’s or just living offa people,” the conclusion she is about to draw after she says

*“because it’s the projects”* seems expected because the association is expected.

This linkage between *ghetto—bad—failure* is not lost on the kids at the CC. They have picked up on how the characteristics of ghetto transfers onto them and their future prospects through the label of *bad*. This alignment is overt as it suggests that if they are assuming the negative characteristics of the CC then they are becoming bad and at risk of diminished life outcomes. Behaviors such as skipping school, smoking, getting into a few fights, or being disrespectful are by themselves not signs of a failed life trajectory. Rather, they could be seen as acts of youthful indiscretion or rebellion that are correctable. They could also be viewed as temporary behaviors rather than emerging characteristics of self. In the CC, however, the person who is *doing* something bad *becomes* a bad kid because they are being ghetto. When ghetto sticks to bad, it produces the bad kid, which is a kid that is adultified with an already limited future.<sup>30</sup>

To be a bad kid means that you are a “CC type of person,” one of the “ghetto people” who gets into fights, who brings drama, who cusses people out or has attitude, who smokes, or who is doing bad at school and is not college bound. To be even “20% ghetto” puts you at risk of ending up like the people ’round here who are stuck in the CC and didn’t make it out the hood. To be one of the bad kids means you are likely gonna

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<sup>30</sup> Ferguson (2002) and Spencer (2001) explain how minority youth, particularly African-American males, are often viewed in relation to a future adult state. This can happen as they are adultified and their youthful actions such as playground rough-housing and classroom “fooling around” are more likely to be viewed as the actions of an adult who is strategizing with a plan of purposeful aggression (Ferguson). They are also at times labeled at-risk and conceptualized as “short adults” (Spencer) with life outcomes already marked by low achievement, unemployment, and instability.

“live on the streets,” end up “runnin’ the streets,” jobless, in jail, and “never go nowhere. Have nothing good for [your] self.”

### **Becoming a Good Kid**

The fear of feeling *less than* and unworthy because of not living up to an ideal induces intense feelings of shame. Shame “is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of being valued and belonging” (Brown 2012, 69). Shame “implies that some quality of the self has been brought into question” (Nathanson 1987 cited in Ahmed 2013, 105) because one has been judged as failing to meet an ideal. Rather than feeling like something you did was bad, you instead blame yourself and think “I am bad,” or “I am a failure.”<sup>31</sup> Shame is therefore the emotional cost of blaming oneself for not living up to expected norms or for inhabiting a body that is already read as being outside the norm or disgraceful. It is a destructive feeling.

Early on, as a kid at the CC, you begin to fear becoming a failure. You do not

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<sup>31</sup> Shame is different from guilt. Guilt translates as “I did something bad” and the focus is on the behavior, whereas shame is felt as “I am bad.” Guilt implies that it is not just that the action is bad, but that the badness of the action transfers to and makes the doer become bad (Ahmed 2013). Guilt, Brené Brown (2012) adds, “is just as powerful as shame, but its influence is positive, while shame’s is destructive.” Shame also differs from humiliation. As Donald Klein (1991) explains, although “humiliation involves the experience of ridicule, scorn, contempt, or other degrading treatment” (94), it happens at the hands of a humiliator who inflicts disparagement” (101). In humiliation, someone or something is making another feel undeservedly “put down” so that “*people believe they deserve their shame; they do not believe they deserve their humiliation*” (114; italics in original).

want to end up jobless, homeless, running the streets, or have nothing to show for your life. This fear of being seen as “a CC type of person,” as “ghetto” and “bad”, confirms that the ideal,<sup>32</sup> and proper desire, is to take a redemptive journey away from the neighborhood. You, through living in the CC, are aware of this message and have internalized that the ideal is to not be “of the neighborhood,” either now or later in life. Having a successful future, the kind that other people agree means you “made it,” means you do not live at the CC. Older people who are still “here in the ghetto” are stuck. As Mary puts it plainly, if you are *still here*, then it means you could not get outta here, you are stuck in “Cathedral where the bad stuff is” and you could not get “to a new place where good stuff is.” To get to the “good stuff” you have to become one of the good kids.

You, therefore, become invested in the goal of becoming a good kid, and know the criteria. To be a good kid means that you have to get good grades, do well in school, be college-bound, and be smart. You do not get in trouble or involved with all the “mess” and drama and fights. You strive not to be a follower or “like the people that live over here,” because “maybe 80%” of them are bad. Khloe says that making it out of the hood and becoming successful boils down to the following: “just be good all your life. Be good all your life . . . and never be bad.”

These choices between being good or ghetto and *of the hood* or *escaping the hood* are deeply stigmatizing and emotionally steep. The shame and hurt that accompany the

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<sup>32</sup> Sara Ahmed (2013) describes how being compared to a disgraced example can set up the dichotomy of what is ideal versus not ideal so that it is the “fear of being seen as ‘like them’” that establishes the norm as well as creates a shameful narrative (110).

realization that people think where you live is ghetto, and for that, will also perceive you as “less than what you are,” is painful. Feeling like you have to prove to people that you are capable and smart, and needing to be judged as good and deserving in order to have the stigma lifted, is painful. “Shame is real pain” (Brown 2012, 71). It is an intense feeling of rejection, wounding, and fear of being unworthy and it can hurt the same way as physical pain.

This pain and hurt is difficult to bear. It creates the desire to move away from the source of shame and stigma and find a way to move toward recognition and pride (Ahmed 2013). Place stigma can corrode people’s sense of self at the same time as it creates the need to develop strategies of coping that validate, discredit, or transform the shame of a devalued social identity (Wacquant et al. 2014).

Transforming this shame into pride, however, entails operating within the stigmatized framework which is also devaluing. Evaluating oneself based on being a good kid or bad kid exposes one to shame at the same time as it offers the means to regain self-worth by being perceived as smart and headed toward a successful life. This ambivalence—the desire to be accepted by the same source that identifies one’s failure—and the need to combat the fear and pain of not *measuring up*, is what makes responding to place stigma and shame so emotionally troubling.<sup>33</sup> It creates a struggle that can

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<sup>33</sup> To give an example: Nelson is a freshman who is constantly in trouble and self-medicates as a coping and escape strategy. He is often not fully present, and he is also funny, volatile, hedonistic, and sensitive. Nelson, whom many see as one of the bad kids, lives in the CC and says being ghetto means not giving a damn what you think about him, and he claims to ascribe to this philosophy. One day Mrs. Brooks, the assistant principal, walks by, sees Nelson in class, and says to him, “good job Nelson, great job Nelson.”

become inwardly directed (Ahmed 2013), such that in order to expel the CC and *ghettoness* you need to turn on yourself and where you are from and become a good kid.

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The choice is clear: “if you grow up in a bad environment and still want to be a good, successful, responsible, respectable, ambitious adult,” then you need to ask yourself, “are you living *in* the neighborhood or are you *of* the neighborhood?” And you chose to be a good kid and to “get outta here” without fully disentangling what it means to no longer be “of the neighborhood.” This stigma of place remains unless it is transformed into a new understanding of where you belong and where (geographically and symbolically) this emerging self is coming from.

One day Mr. Ely asks me, as much as wonders to himself, “how much [does] the violence committed to a community become part of the identity of kids, and is that violence that has been and is being committed to the community part of my kids’ self-concept?” The longer answer unfolds throughout these pages. The short answer is that the kids at the CC do not uncritically internalize this violence, but yet they cannot escape it, either. The need to respond to the violence of urban marginalization and inequality

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Nelson stops what he’s doing and says in awe to himself, “that was the first time I’ve ever heard that.” And then he repeats her and whispers “great job Nelson” as he lets the words hang out in the open, and he soaks it in. He has been denied feeling that he’s good at something (at most things, really), and one way to gain this sense of worthiness is from the same places and people that have rejected or withheld it from him. It feels incredibly satisfying and validating to receive the acceptance he has been seeking, but which is given so infrequently that he has hardened himself to receiving it. But yet the desire and need to be valued in this way, and to repair that damage to self, is still strong. He does not make it through the year and gets kicked out of this high school.



generates a struggle to define a self through place, and to do so through a daily landscape of care that creates insecurity and loss. This struggle to envision who they can become, and to find and value where they can be from, is a defining challenge of their early lives.

## Chapter 4:

### “Why You Gotta Be So Cold All the Time”: The CC as a Landscape of Care

Ms Abby and I are about to pick up kids for the summer field trip. I ask her if we could bring Eddie. “Eddie, who’s that?” she says. I stop in my tracks and exclaim, “Eddie! He had to stop coming because his mom would not let him come to SmartKids anymore.” “Oh, Eddie!” she says and continues, “His mom *did* pull me aside at graduation. I think if I’m not here next year or even if I am, I’m gonna find him a mentor or do it myself outside of [work] . . . We never really got a chance to talk. . . . And he needs a mentor, especially a male mentor. And I need to follow up with him about something important that he told me about at the end of the year. Shoot! Something really important!”

Ms Abby asks Ms Molly if we could take Eddie. “He’s great!” I chime in encouragingly. “He is?” Ms Molly questions. It quickly becomes clear that she is getting him mixed up with someone else, so Ms Abby adds, “You know Eddie, he’s the one that said there might be some stuff going on at home. “Oh,” Nicole says “oh, yeah.” They decided he could come along with the other three boys and we would have just enough room for him in either Ms Abby’s or Ms Molly’s car.

We get to Eddie’s house and Ms Abby gives eight good knocks on the door. His mom opens the door and Abby asks her if Eddie wants to go to camp with us today. Eddie is peeking out behind his mom, as his baby sister comes out, and his mom hands her over to his other sister, Rita. His mom finally says he can go and we wait for him as

she signs the release form.

As we wait in the living room, which is crammed with the memorabilia of their lives, a middle-aged man walks in wearing a crisply ironed white dress shirt and khaki pants. “You look nice this morning. Where are you coming from?” Abby asks him. He sits down tiredly and says, “An interview . . . I have to go for a second one.” During this time Rita is begging to come with us. “No,” Ms Abby tells her, “it’s only boys this week.” “But I can’t go outside,” she whispers. “Why not?” Ms Abby asks. “*She* [her mom] won’t let me go!” Rita says. “Well, that could be a good, safe thing. Maybe you could go [outside] if one of your brothers takes you,” Ms Abby tells her. “She won’t let me,” Rita whispers, frustrated. “She won’t let me!” “Sorry,” Ms Abby whispers back, “I wish I could take you.”

Eddie comes down the stairs but his mom, after checking his pants, scolds him and sends him back up for some underwear. He returns again, sheepishly, as his brother teases him because he just chipped his tooth the other day. “I’d rather forget that,” Eddie later says. His mom lifts up his shirt again, and this time his jeans are not closed. She tries to button them but it is clear that his pants are two sizes too small. “That was embarrassing,” he mutters as soon as we get outside. We try to reassure him that what happened was no big deal. He shuffles awkwardly to the car, and later in the day, I notice, after Abby scolds him for not keeping his shoes on, that his shoes are also two sizes too small. He is wearing them like slippers, with his foot stomping down on the heel, and extending well beyond it.

We grab Jay, who is also coming with us, and drive to meet with Ms Molly before

we head out. On the way to Ms Molly, Jay says, “I haven’t eaten in like two days.” “Why?” Ms Abby asks cautiously. “I just don’t eat a lot,” he quickly responds, adding, “my mom has food in the house but I just don’t eat it.” Before my mental note to follow up on this registers, Eddie says his family has some stamps for food and that they get “800 dollars.” “We have one thousand one hundred and thirteen,” Jay says. Eddie continues, saying well, they used to get “800 but now it’s 400.” “400!” Jay gasps.<sup>34</sup> “Why?” Abby asks. “Because my older brother, he was working and they found out, I don’t know how, but they found out,” Eddie replies.

We had not yet left Cathedral, but this day was already shaping up to be quite ordinary. It was a typical day that rolled by with a hum of worry amidst peaks of panic, fluttering remembrances of graver concerns, and outbursts of laughter. We could examine this type day through a lens of poverty, with its stark material and emotional realities and examine the daily challenge of growing up in a distressed neighborhood, a compounding of family poverty with community poverty and contexts of unemployment, crime, and lack of resources and opportunity. We could examine how Eddie, his sister, mom, and other family members are responding to the challenges of being poor and in a poor neighborhood. Are their lives unfolding worse or better than expected? Are their lives symptomatic or transgressive of their hardships?

We could analyze Eddie’s day-in-the-life and focus on his ways of responding. Or instead, we could shift from observing what he is doing, to examining what the places

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<sup>34</sup> Jay realizes that his family of around four was receiving almost triple that of Eddie’s family of seven.

and people he encounters are doing for him. We could examine Eddie's everyday landscape and ask how is it caring for and about Eddie. What does his daily landscape of care look like? Is it a landscape that meets his basic developmental, social, and emotional needs, or does it fail to support him and produce care deficits?

Eddie, like other kids, needs support. He needs nurturance in order to have his needs met and to learn and grow. On the day mentioned above, the people and places around him did not assure that he would be safe and secure. He was worried about harm and hunger, being adequately clothed, keeping up with others, and about getting in trouble, even though he was trying his best to adjust for the gaps of care he faced (e.g., not wearing extra layers under his already too tight pants). As an eight-year-old he was aware that one can suffer from being disadvantaged and then again for being weakened by this disadvantage. Eddie could also have easily missed out on this day-trip opportunity. He still needed a mentor and help with something "really important." The caregivers and caregiving places that were supposed to be providing him with the support he would use to build his future were unable to consistently do so. A year after this day, Ms Abby tells me, "I really thought last year Eddie would totally be okay. But this year, I've noticed . . . he's been shutting down a lot . . . so, I don't know. Last year I would have bet money that he would [make it], but now, I'm not so sure."

How are kids in the CC being **cared for**<sup>35</sup> and about, in their neighborhoods, homes, schools; by family, friends, mentors, caregivers; and as a result of the urban

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<sup>35</sup> See Chapter one: "[Care Ethics and Landscapes of Care](#)" for more theoretical definitions.

policies that shape their daily life spaces? What is producing a landscape of care such that their lives are, as Mr Ely says, “in flux, from day to day [and] from place to place”? Why, as Ms Abby and Ms Munoz state, is their daily landscape of care so “spread thin” that they do not have sources of support that are “consistent and present . . . at all”? Why do they have no “sense of stability and comfort that there is going to be the same thing in their life”?

The three vignettes that follow explore these questions in order to describe the landscape of care that the kids in the CC commonly experience. These vignettes also highlight how urban marginalization constructs landscapes wherein some receive an excess of care while others face care deficits. Using care as a lens of analysis also provides a way to analyze commonly told narratives of poverty and place, through a focus on the social production of needs. Taken together, these vignettes aim to provide a snapshot of how an environment becomes produced and perceived as unsupportive, untrustworthy, and less able to provide pathways to one’s aspirations.

### **“You Gotta Woman Up”**

“I don’t want nobody to hurt me.” —Desiree

“We don’t police the sidewalk!” Ms Kallie bluntly stated in response to an incident that happened just before SmartKids started. “When they get *in here*, they’re good and safe,” Ms Grace echoed. They both tacitly imply that they cannot protect the kids *out there*, nor is it their responsibility to do so.

The provision of security at the CC is tenuous. The community sits within a porous landscape that many perceive as indefensible and open to threats. The main cluster of public housing is immediately surrounded by two alternative schools that have a reputation as places where the bad kids go, bus stops and corner stores that create through-flows of traffic, and two youth centers. Not far from the CC are streets where drugs are sold, sex is bartered, and people loiter; and nearby are other public housing communities and older, low-rent apartment complexes. People walk, bus, and drive in and out of Cathedral all day.

The “people that are bad, they come from other places, like Claridge [apartments]. They come over here and they mess with here and they destroy these apartments,” Bianca says. “There’s always people fighting<sup>36</sup> over here, and arguing, and, always something happening,” Jocelyn tells me. “The thing is,” she adds, “I think [it’s] Jackson Academy.” “Yeah,” her sister says, “they come [outta school], and just, boom . . . there’s a lot of fights.” Candice agrees that the bad kids “come through here and fight, steal cars during the day. And smoking and gang banging, and everything like that.” “Everything happens here,” Erica laments. “When there’s about to be a fight, everybody’s like, let’s meet at the CC ’cause they know everything happens over here.” And it is not just the kids from the schools across the street, she says, but also the ones that go to Xavier, Brookland, Sanchez, and the people who “live over [at] those apartments past Oakdale.”

People coming “through here” has been the “problem on this property,” Stephanie

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<sup>36</sup> The fights are typically hand-to-hand brawls and don’t escalate to the level where weapons are used and people get stabbed or shot.

says. “That’s why we have BPD [Benson Police Department],” Sofi chimes in, saying, but “soon as they know BPD is patrolling there, then they’ll go down the other street. Soon as they know they on that street then they go to the other side.” “As long as the community is the way it is they’ll keep coming,” Stephanie adds. They will keep going behind her building, those buildings over there in the middle of the property, and down the way by the elementary school, because “those are the hot spots . . . they [the office staff, cops] can’t see down there . . . they can’t see.”

The “bus stoppers” loitering and conducting business, the robbers who break in through the A/C units and “who pretend to be maintenance . . . and then come by later to steal things,” the people who smoke and fight in-between the buildings and down the hill, the ones who come at night to gamble, all know what the residents know: that this is a place to come to get away with things: security is loose, and people will “blame the residents” for causing these problems.

Three years ago, Luis Medina, the police department’s community liaison with the Housing Authority, made it clear when he said that Benson’s housing properties attract people who do not live there, and that is a problem: “Eighty percent of the people who commit the crimes don’t live there,” he stated. Rather than violence simply being a matter of private, personal disputes between neighbors, the geography and policing of housing actively produces a need for security, and also fails to meet this need. The staff at CC say that they are aware of the problem and are “gonna increase security here.” They are seriously “look[ing] into cameras here at Cathedral,” but right now they “don’t have the money.” They are also understaffed. The housing management and police make it



clear that residents will have to be vigilant and watch out for themselves, and if there is violence they should report it, preferably when it is “in progress.”

The moms at Cathedral understand the message. They say the cops either “don’t come quick enough” or they “won’t come,” and that monitoring is limited. There is “nothing, nobody’s here. They leave by 5 p.m. and the police come by Mondays but they gone by eight,” Ann tells me. They do not trust that help will be available should they need it, or that there are measures in place to prevent them from harm. So what are they supposed to do, they wonder? MJ says she needs to protect her kids, so if something is happening, “I go out there . . . I don’t care, this is my house and I live here too!” The other women listening “hmm mm” in agreement as Stephanie adds, “I know what to do; we live in the projects so I get loose on ’em.” Ms Marcela tells me that she wishes she could make it safer for her kids, by putting her “own fence” and “own gate” around her yard. She wants to wall off her surroundings not to limit unseen dangers, but to keep close-by threats at bay.

Living in the CC, means you learn that you have to take care of your own safety. So you look out for potential threats and are always “aware of the stuff around.” Being vigilant becomes a preoccupation, but more importantly an orientation toward protection grows. Those who care about you become the ones who are concerned about your protection. I asked Hallie what she would do to make the CC better for new kids and she said, “I would try and protect them. ‘Specially if they’re my friend, I would try to protect them”—by defending them when they are being picked on or in a fight, by always being on their side, and stepping in and telling people to stop messing with them. Within a

landscape that creates a constant need for security, establishing relationships based on protection becomes a way of addressing your need for safety.

Fighting can also help prevent you from continued harm. As Camilla explains, if someone looks like they are going to attack you, and you already believe that no one will come to your aid, then you have to defend yourself and “attack back.” You do not want to get into fights, Bianca says, but “if they hit you, you should hit them back” so that you will not keep getting messed with. You cannot go around being scared or stay inside all the time, and you cannot be crying all the time, either. In order to not be afraid of your surroundings and still have fun outside, “you have to have strength.” You have to show yourself and others that you can take care of your own safety because that’s the best way to deal with the enormity of knowing that at the CC, “you’re on your own.”

Withdrawing and isolating yourself can also make you feel “left alone, on the side.” Fighting and acting tough, being hyper-aggressive, can work to resolve immediate dangers, but Cami says that this can give a false sense of confidence because, as a kid, you cannot take care of your security alone. It’s like her little sister, she says. She’s “toughened up,” is “feisty” and “good for herself,” so people do not mess with her as much, but she still “can’t really handle too many problems by herself.” Someone has to be there to help take care of her.

This situation presents a dilemma. You need others to care for and about your security, but this support is unreliable, so you turn to protecting yourself. Protection, however, is not care. Protection presumes that others have bad intentions and are likely to cause harm. Preventing this harm creates a preoccupation with defensive responses and

favors viewing others with mistrust and hostility. Aggression and violence, in other words, are not practices that are informed by care. Engaging in the world based on care involves actions and habits of mind that take the “concerns and needs of the other as the basis for action” (Tronto 1993, 105).

The urge to safeguard yours’ and others’ security can, however, be a caring inclination. When that caring disposition is embedded within a landscape that produces threats, however, it can bend toward more hostile ends. Within the CC, what it means to care for yourself and care about others may entail jumping into fights. A mom may, for instance, get into another kid’s face and threaten them (“don’t you hurt my baby!”), go looking for “that boy Pablo” who did hurt her kid, or jump into a fight if her daughter is outnumbered and getting attacked by a group of girls.<sup>37</sup>

A threatening environment can redirect what it means to care well. Care under the guise of protection, however, does not create lasting security and safety. The need for protection can instead take on a life of its own and become used to justify increasingly aggressive actions and tactics. A threatening atmosphere can persist as retaliatory violence and grievances linger, as resentment about security failings and the burden of

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<sup>37</sup> Aggression, when “embedded in a constantly threatening environment,” can be adaptive (Dodge et al. 1994, 355) and used by mothers to protect their children and try to prevent them from harm. In her ethnography, Nikki Jones (2009) also finds that an orientation toward protection can develop in ways where aggression is used by mothers in order help their children “walk through the neighborhood without fear” (39). But not all mothers at the CC (and in similar neighborhoods) use aggressive confrontational strategies to protect their children. Some deal with threats through violence while others do not, and some situations call for de-escalation and avoidance strategies rather than confrontational approaches.

undue victimization without justice grows, and as one's home landscape continues to produce risks and harbor possible assailants.

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Hallie is standing in line and waiting for a snow cone. Her brother Charles gets into an argument with David, knocks down his drink and shoves him. David pushes him back. Ms Abby, fearing that this could escalate and wanting to prevent further harm, immediately sends both of them away without hearing David's pleas. David's eyes well up as he sulks away and goes across the street. He sits on the curb, angry. Charles runs away.

Everyone is taking sides and Hallie is saying, "I don't care, I don't care about him [Charles]. I don't, I hate him. Let him go!" People keep talking about how Charles knocked over that poor boy's drink for no reason. Someone yells out, he wants to fight David!? David's friend, Andre, overhears this and jumps in shouting, "Who wants to fight my nigga David! Who wants to fight my nigga David!" Hallie realizing the situation is escalating yells out, "No! David wants to fight him."

People in line start offering Hallie advice about what to do.<sup>38</sup> Go get David a snow cone, some say. No, David should fight him, others suggest. Hallie decides to send her cousin over to David as an emissary to broker peace. It does not work, and people are

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<sup>38</sup> There are many resolution strategies at work in this situation, from fighting to offering to make amends, trying to settle for peace, and leaving. Fighting is one of many strategies that kids use, but it is also one that often wins out as a result of its effectiveness in the sphere of protection, as well as children's inability to resolve complicated and emotionally charged situations nonviolently on their own. A key question, however, is what produces the need for fights and compels self-defense as a way to secure self-care.

starting to gather around David, so she leaves. As she walks away people start looking at her angrily and shaking their heads at her. All she came outside for was a neon snow cone in one of those flimsy paper cups. Charles is still hiding around the corner, saying he just wants people to stop messing with him. He hates it here because he always gets messed with. Just yesterday some stranger tried to choke him and his mom had to call the cops, and he still has bruises from a previous fight a few days ago.

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What if Charles and other kids at the CC felt assured that they could take care of themselves in ways that did not demand vigilance and protection? What if their neighborhood took care of them instead? What if they experienced a landscape that created safety and security instead of threats?

## **In Flux: Housing, Evictions, and Dream Neighborhoods**

A dream neighborhood, the kids tell me, would be “full of houses,” “big houses,” and “real, real houses,” not apartments. The houses would be big enough where all your siblings and other family could live, and maybe each have their own room. The neighborhood would have all the good stuff nearby, like good schools, all kinds of stores including grocery stores, “like HEB, Fiesta, and all kinds,” and pools, lots of trees and flowers, gardens, and green grass. There would be safe places where “kids could just go over there and hang out,” “meet some friends . . . and have somewhere to go.” Above all, it would be a “homey place” where the neighbors “were friendly,” “know each other [and would] help you out if you need help.” Their dream neighborhood would have more beauty, resources, services, security, and greater social cohesion, than the CC or any south-side neighborhoods.<sup>39</sup> So far, however, the places where they have lived have fallen short of these dreams.

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When Desiree asks me where I live, she runs through her list of familiar places. “Do you live in Cathedral Courts?” she asks. “No, farther,” I respond. “Do you live in Oakdale?” she tries. “No,” I say. “Oh, I only know Cathedral and Oakdale. My aunt and

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<sup>39</sup> Their dream neighborhoods reflect the characteristics that other kids in low-income or marginalized communities want: open and protected places where they can play and explore without fear or harm, places with activities that offer relief from boredom, and places that are not alienating and that are inclusive where they feel that they and their identities are welcome and not stigmatized (Chatterjee 2005; Chawla 2002).

my cousin live in Oakdale.” “Honestly,” Mr. Malone says, the kids, “they just see South.” They think “three, four miles up the street” is West and “in the opposite way, oh, that’s too far East, that’s out of town. They see just right here.” He says he tries to tell them, “there’s more to Benson than Carver, Crestland, and 85. You have to branch out, it’s all Benson. But they don’t.” Mr. Walker agrees, and says the kids are very limited. They “think very small . . . and seem to be very comfortable with small environments, even though they know these environments don’t provide everything that they probably want.” Mr. Malone and Mr. Walker are right in the sense that the kids at the CC have mostly lived within South Benson. They tend to bounce between public housing and the apartments clustered around the public housing complexes on the south side. More to the point, however, is that the places where they have lived fall within care-strapped environments.<sup>40</sup>

Most people, it can be argued, have a need to be securely housed and to have

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<sup>40</sup> Care imbalances and landscape of care imbalances is shorthand for the structural production of marginalized urban places with higher needs (e.g., resources, services, and opportunities) and greater care deficits (e.g., unemployment, lack of health and mental health services, crime and safety insecurity). This notion also includes policies and representations (e.g., place stigma) that produce the uncaring outcomes that impact these communities. A landscape produced by care imbalances can also generate care gaps as the place and its residents struggle to contend with ongoing inequalities of public resources, services that sustain their well-being, and access to the opportunities that can improve one’s socioeconomic status. Examining how care deficits are experienced in everyday ways therefore highlights the tangible Examining the needs and social provisions that are lacking and inequitably impinging on people’s lives can therefore stem from tracing the care deficits they experience on an everyday basis. This perspective also highlights how the line between being in need and being taken care of can be a result of structurally produced differences. Lastly, examining landscapes of care recognizes the how affect and power work together in the creation and persistence of care gaps, and in discussions of the responsibility of addressing these deficits of care.

equitable access to the resources needed to survive and thrive within their particular societal context. Some of these needs are socially provided via institutions, resources, and services that are distributed on the neighborhood and community level.<sup>41</sup>

This distribution of social care is uneven; there are communities that have the capacity to meet the needs of their residents, and those that do not. Those who live in more privileged, caring communities receive the incentives, services, and policies that support the creation of better quality schools and restrictive school district boundaries, favorable location of highways and transit systems, restriction of environmental hazards and unwanted land uses, and richer sources of public amenities, and in general can secure the exclusions and resources that continue to generate wealth and social capital (Squires and Kubrin, 2006; de Souza Briggs, 2006; Lipsitz, 2006; Massey and Denton, 1993).

The structure of communities and creation of privileged and marginalized neighborhoods can hide the fact that there are those who worry less about how to care for themselves because some of their needs are secured by virtue of where they live. Those in more privileged communities can think less about their day-to-day safety and security, the air they breathe, where their children can play and what is happening in those

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<sup>41</sup> I use the term neighborhood and community interchangeably, and discuss them as both socially and spatially derived. Neighborhoods can be defined and bounded by zip codes, census tracts, significant landmarks, and infrastructural barriers, and also by how residents perceive them as “a flexible, fluid, and actively *lived* concept” (Cope 2008, 2845; italics in original). In describing the CC, I define it primarily by the streets that enclose the public housing community, and as within the south side of Benson, as this follows how the kids at the CC understand their neighborhood and the community they are a part of. I also use the term community purposefully, to tie its perception as a unit of social relations to its structure via the social provision of care.



classrooms, whether the libraries and community centers around them will close, whether they can find groceries nearby and have sidewalks to walk on, whether they can get to a doctor and get there in time, and what will happen if they need to call for help.

Neighborhoods can hide how some people's needs are taken care of through the politics of space.

There are those, in cared-for communities, who can also be less preoccupied about the deficits of their neighborhood and the character of their neighbors. They can make up for local deficits and the possible weaknesses of social cohesion on their own. They can afford to fund and transport their kids to schools in other areas of the city and pay for them to be in places that will care for them if none exist nearby. They can look beyond the types of jobs and career services available close by, they can connect to support beyond where they live and, if needed, pay for additional caregivers (e.g., police and security officers, trash and maintenance personnel, maids, tutors, etc.). They can fix their *broken windows* and stem physical disorder and neglect from transpiring by influencing local politics in their favor. They can worry less about meeting some of their needs because their communities provide for them, the social and political capital of their residence secures them advantages that translate into being cared for, and if needed they can more easily connect to and pay for care beyond where they live.

Preventing other neighborhoods from similarly providing for their residents is inequitable and socially unjust (Lipsitz 2006). Using place to limit the economic and political rights of others, and to restrict mobility and access to opportunities is exploitative (Buras 2011; Harvey 2008, 1973). It creates a situation where the needs of

the privileged are fulfilled via the continued expense of the poor. Refusing to address and upend<sup>42</sup> geographies of inequality is a refusal—on a societal level—to care for and about others, particularly concerning the well-being of children growing up in marginalized neighborhoods.

A community that is produced by care deficits puts the lifetime opportunities of children at risk and weakens their pathways to upward mobility (Chetty 2014a, 2014b; Sharkey 2013; Brooks-Gunn 1997). The kids at the CC live within communities that are produced by current and ongoing legacies of care deficits and exploitations of care. Like other kids, they access social support through their neighborhoods, but unlike many, they live within daily landscapes that are less equipped to support their development. Instead of receiving more care, their communities continue to be less socially cared for and about.

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“My kids are dropping. Dropping!” Ms Grace tells us one day. They are all getting evicted from the CC. We all nod as she tries to count how many of her kids were recently evicted, and in the process tells us that Ms Abby has 11 from her caseload that

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<sup>42</sup> The current geography of spatial inequality also stems from legacies of spatial advantage, discrimination, and racially exclusive practices (e.g., restrictive covenants, redlining, discriminatory mortgage and lending practices, infrastructural barriers, etc.). Land-use practices are path-dependent in the sense that wealth and value continue to accumulate around spatial advantage and areas of existing (or committed) investment. Not addressing current spatial inequalities, or keeping the status quo, would maintain, perhaps entrench, existing geographical divisions. Doing nothing, that is, recognizing but not taking additional measures in an effort to achieve equity, is a securing of privilege that also amounts to a refusal of care.

are gone and most of them are from evictions. “11! I have never seen it that high,” Ms Christine says. Ms Grace later tells me, “I don’t know what the new process is, but they’re much more strict with the rules and kicking people out.” The kids notice it, too. A lot of their friends are here one day and gone the next. Juliana says, “everybody got evicted from here,” as she points to the apartments of families that used to be here. “That’s how they get people (out)!” Mrs. Naomi says about evictions and housing management, they threaten them and try to force them to “sign the papers . . . that’s how they get people.” Evictions and the threat of being evicted hang over the CC, creating the enduring sense that one’s tenure here is insecure, and that some people may or may not be here tomorrow.

The new manager of the CC, Nicole, is meeting with residents who got eviction notices or warnings. She is having one of her last meetings of the day with Mrs. Davis, an aggressively thin and tall African-American woman with two kids who sometimes lives with her or their grandma. Nicole is not quite yelling at her, but is very forcefully ending the conversation and telling her, “Look, I need you to get this form signed by your counselor to say you’re working on *your life*.” Mrs. Davis starts to say something about why didn’t she know, and shouldn’t someone have told her about these forms, but Nicole promptly cuts her off and says, “I don’t need a phone call, just get the form signed. And you need this one that says where your kid goes to school . . . and you need to get the forms signed and bring them back here, and if I’m not here, then you need to drop them off in the mail slot. Okay! Okay!” Mrs. Davis barely pushes the front door open enough for her thin frame to squeeze by, her head drooping as she walks out.

Ms Grace, who has been trying to get Mrs. Davis help with her drug addiction and making sure her kids have food, says, “hmm, I hope she’s getting someone to help her fill out the form cuz if it’s just her it ain’t getting done.” A few days later Mrs. Davis gets evicted, and Ms Grace is trying to find a shelter for her and her two kids.

Evicting Mrs. Davis from Cathedral did not make the community safer nor did it reduce crime. It did not help Mrs. Davis’s children become less prone to risk and adversity. Rather, it had the opposite effect on their lives. The trauma and consequences of eviction are devastating.<sup>43</sup> For many, being forcibly evicted means becoming homeless

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<sup>43</sup> As part of the broader war against crime, drugs, and gangs, the federal government under President Clinton implemented a “one strike and you’re out” policy for public housing tenants. This law, which was upheld in 2002 by the Supreme Court, effectively states that tenants can be evicted for the criminal activity of others in their control, even if they are guests, and regardless of whether the tenant knew about it: “criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other tenants or drug-related criminal activity on or off such premises, engaged in by a public housing tenant, any member of the tenant’s household, or any guest or other person under the tenant’s control” (Cranston-Gonzalez National Affordable Housing Act). This policy has had “draconian consequences” (Kaplan and Rossman 2011, 136). In addition to evicting tenants for trivial actions and for activities they did not do and were unaware of, the policy makes it harder to secure safe and affordable housing post-eviction and has not increased safety in public housing. Instead, the One Strike Policy has made more families and children homeless: “This politically popular policy creates more social ills than it cures. There is no evidence that it reduces crime in public housing, but there is abundant evidence that it makes families homeless, puts children out on the street . . .” (109).

Children also face the threat of being responsible for evictions. Giving public housing managers the authority to determine whether or not to enforce eviction policy (*Department of Housing and Urban Development v. Rucker*) inevitably creates inconsistencies in enforcement. At the CC, this means that some kids get a warning for setting a trashcan on fire while another kid gets evicted for playing with firecrackers, and then has to live with the outcome of his family having nowhere to live. Getting your family evicted, as Anna says, can be one of the “worst thing[s] that could ever happen.” It almost happened to her but her mom was able to fight it. She still thinks about it and she says she has no idea what would have happened or who would have helped them out or taken them in: “hardly anybody,” she thinks.

(Kaplan and Rossman 2011). At best, families are forced into shelters, hotels, or motels, or they move in with whoever will take them, often going from one crowded and undesirable housing situation to another. Evictions not only disrupt families and jeopardize the emotional states of children, but they help create clusters of communities that are becoming more unstable due to residential insecurity, straining of social ties, and a growing concentration of less-mobile people who are living within neighborhoods that are unable to support their needs (Goetz 2013; Desmond 2012a). Stricter eviction policies have had no effect on reducing crime in public housing. Rather, they are part of the processes that exploit space in order to hide the ways in which uncaring practices entrench inequality and create mounting human and social costs.

The fallout of evictions, and other spatial distortions of care (e.g., school segregation, incarceration policies, zoning of environmental hazards, predatory mortgage lending), is absorbed by communities that are already constructed via care deficits (Sampson and Sharkey 2008; Squires and Kubrin 2006). Rather than receiving more support and investment, these communities receive more vulnerable people, who are often being redistributed from one marginalized place to another. This mobility within care-strapped neighborhoods is a process of lateral entrenchment, as growing up within disadvantaged neighborhoods increases one's chances of ending up in a similar neighborhood (Sharkey 2013).

Examining whether or not a community can adequately support its residents, shifts attention to how *care imbalances* create places that can undermine residents' abilities to meet their needs. The residents of the CC, however, are determined and do not

simply give in to the inadequacies of their communities. Instead, they try to bridge the care gap by connecting people and places to create a more dispersed and hopefully more capable community. They may, for example, send their kids to live with an aunt or grandmother in order to assemble a living arrangement that connects a location with a good school and a resident with a stable job. They may move in with a friend, and live with eight people in a one-bedroom apartment in order to lower the costs of housing, keep their families together, and access reliable transportation and/or childcare. They may live in a worse neighborhood in terms of crime and violence, but one with nearby amenities for their kids that is also close to the medical and social services they currently need.

Trying to cobble together a capable community is challenging. In addition to the stress and anxiety of being stretched thin, this process can also weaken social connections and create disposable ties<sup>44</sup> (Desmond 2012b), as well as increase residential mobility. Many at the CC are moving or planning to move. The kids at the CC say they “might move,” “are gonna move soon,” “are moving this weekend,” “may be getting a house,”

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<sup>44</sup> To meet their needs, families that have been evicted or have high residential mobility often rely “more on new acquaintances than kin” (Desmond 2012b). They form fast friendships with strangers out of necessity but may also be prone to a pattern of making, using, and burning friends. Desmond argues that while disposable ties enable people to get by, they also increase instability as the bonds are not lasting and can generate mistrust, as people may have been mistreated by former fast friends. Engaging in disposable ties can be risky because while both parties share in the benefits, both also share in the costs that can come with unstable relationships. When viewed as part of the legacy of non-traditional kinship practices used by poor (often African-American) families the flaws of disposable ties may, however, pale in relation to the survival capacities they enable (Stack 1975; Stack and Burton 1993).

and or might go live with their aunt, uncle, grandma, mom's friend, or sister's friend.

They are typically in the processes of being elsewhere or wrestling with the uncertainty of where they might end up, who will get to live with whom, and for how long.

Residential mobility, and being in a state of feeling perpetually mobile and not in control of this mobility, takes a toll on young people who may start to suffer from health and psychological risks, poor school performance, and increase of violent and risky behavior (Jellyman and Spencer, 2008; Dong et al. 2005; Gilman et al. 2003; Pribesh and Downey 1999).

"There is nothing," Ms Page says, "quite like the south side, demographically, like demographically speaking on paper, yes, but not once you get in here, and you start to work with the students . . . the families, the community," you realize that they face "very different challenges." The biggest challenges that kids living at the CC face, Ms Abby says, is how poverty and place "just bleed into each other," and create lack of support, anxiety, experiences of trauma, and communities that are weakened and are unable to support the kids in the "way that middle-class neighborhoods might." "If you come from a perfect world," Ms Munoz says, "then you can't work here." If you have no relation to an environment that creates "so many more challenges" of hunger, lack of basic needs, and situations where you do not know what might happen from one day to the next, then "you can't really relate to our kids" because this is the struggle of their life.

What if the kids at the CC did not have a relation to these environments, either? Or rather, what if their neighborhoods produced relationships to comfort, calm, advantage, fulfillment, indulgence? What if they lived in the kind of cared-for

neighborhoods that provide opportunity and build capacity first, and create resilience and the need to overcome hurdles second? What if they lived in neighborhoods that opened up connections to other places of care rather than facilitated pathways to places produced by needs and deficits?



## **Ghosting: The Sudden and Gradual Loss of Care**

One day, after four months of coming to SmartKids consistently, I walk in and Natalia, an equally energetic and moody six-year-old, runs up to me and yells “you came back! You came back!” as she tackle-hugs me. I look at her surprised and puzzled because I have been here almost every day for four months now. My presence, and verbalization that I would be here for awhile (at least two years), should have provided some assurance that I could be counted upon. But it did not. She was only now thinking of maybe investing effort into building a relationship with me.

Natalia and the kids at the CC are used to a revolving stream of caregivers and support spaces. People leave, programs close, and support ends. Living in the CC means you might wait to get a new mentor, learn her name (Emily), and then after a few times she stops showing up. You realize she is not coming back and wonder if it was her or you, and if she just did not want to help *you* anymore. Today might be the day you learn that your favorite mentor, Ms Abby, is leaving SmartKids, and you burst out in tears because she is the person you tell all your problems to. You might grow to wonder, “why does everyone keep doing that [leaving]?” And you keep asking whether Ms Hannah is ever coming back because you “grew up with her” through elementary school, and “she said she’d come back in two years,” and it has been two years.

All you want is get consistent help. You want to talk to Mrs. Cox, “but y’all aren’t part of [Achieve] anymore, so you can’t.” Other times, help is not available because that place of support has closed or it is only available to people who are critical enough to be

referred for care. Sometimes even if you go somewhere to get advice or support, you might not receive it because there is always someone else who needs help. There is no “one-on-one time” for you because the queue for help is too long. This time, when the line is too long, you are so frustrated with not being helped that your face starts turning red, eyes misting, but next time you cry. You sit on the steps and cry. You start to wonder where you can turn to for support, and your daily landscape becomes filled with places that used to be, and with people who are now the new Ms Kaitlin or the new-new Mr. Mike. Your daily landscape can become a reminder of broken assurances and inconsistent care.<sup>45</sup>

The care capacity of the CC is structurally weakened by support services that are underfunded, understaffed, under-resourced, and overburdened. The kids, for example, have gone through seven different SmartKids leaders in the past four years. At the same time, working for programs such as SmartKids can entail being responsible for supporting the needs of 115–140 students with only two full-time staff, sometimes with extra help from volunteers and unpaid interns. It can be challenging to provide adequate

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<sup>45</sup> Brandon’s walking tour was one of many that highlighted how the CC becomes embedded with memories of inconsistent care. As we walked through the community, he showed me the house of his “second family” where he would go when he “wanted to get away”; and the community center where he would go to talk to Ms Sonya about all of his problems until she left and everyone, including himself, stopped going to the center. He pointed to JA and mentioned how at first “there were a lot of teachers that [he] loved,” but then they all got fired and “everybody hated it, hated it,” and a lot of people left. He talked about the spots in the community that were unsecured, the office where staff and programs came and went, the spot where the lady used to come and she’d serve spaghetti, and onward. His rendering of the CC as a landscape of inconsistent care reflects a common experience, and one that is tied to the realities of living within a neighborhood produced through inequality and marginalization.

support while split between multiple locations with an overstuffed caseload, and when the kids who need to meet to discuss college instead need immediate support “at the level of basic needs.” Doing this caregiving, day in and day out, is emotionally draining. Seeking relief is common and may come from sending mid-day text messages to friends about happy hour, drinking “a big bottle of wine most nights,” taking a string of mental health days, or restricting care and empathy in effort to conserve emotional energy. The more caring and intimate aspects of the job can be the first to get cut, such as when Mrs. Munoz stopped conducting family visits because hearing moms talk about how worried they are that “there’s no milk, or there’s no bread” and walking into places that make you wonder “who could possibly even live here,” can get to be too much. Seeing and hearing stories of personal and community trauma is traumatizing. Even for the “really strong” it can, Mrs. Munoz confirms, get to a point where being tasked with combatting ongoing care deficits becomes insurmountable and one can no longer give care.

In addition to these challenges, support is also weakened by a system of care that is structured to be intermittent. Some programs and caregivers are by design only available during the school year, summer, after school, at nights, or in times of acute need; and some are only funded for a semester, a year, or on a trial run of a few months. The extra care the kids at the CC receive in order to bridge their needs is often temporary, soon to terminate, or in flux. Many of these services were never stable to begin with because they suffer from the same challenges facing the neighborhoods in which they are embedded.

This inconsistency of support can leave care needs unresolved while also adding

to everyday instability. The times when these forms of care are withdrawn, can compound and produce problems. Ms Grace tells me about two of her students who were receiving care until they “transitioned” to a school that could not support them, and could not connect them to the caregiving sites that she had used to extend their daily landscape of support. Miguel, Ms Grace says, “moved to the US from Mexico,” and she “was just blown away by how smart he was,” how quickly he learned English and adapted to his new world, and how in “his eighth-grade year, he mentored one of our SPED sixth-graders.” He had “a few issues with teachers, like bucking the system and stuff, but he wasn’t a problem kid.” But now he is just “making all these terrible decisions. Drugs, and stupid stuff, caused his family to get evicted. . . . Once he went off to high school, the school he went to, they do not have enough resources for that campus. Like, that campus is crazy high-needs. And they don’t have enough resources there, and I feel like he just fell through the cracks. And now, I feel like all that work I did while he was here is just down the drain.” The same thing, she says, happened with Selena, who is “another one that’s just fallen through the cracks.” She too was “never a problem kid. She’s also another smart one . . . but now.” The support just dropped off, Ms Grace says, it just is not there. “If you had told me this time last year that Selena would have been stealing cars, no way! No way!”

Support can be withdrawn at critical times; as Alexis says, it can make you feel like you have “no one” to turn to and nowhere to go. In this context of lack of will, resources, capacity, and competency to deliver adequate care, support keeps getting diverted. These delays and lack of responsiveness can build into failures of care where

basic needs are not met, mental health issues go untreated, kids who cannot read keep getting passed on and now they are in the seventh grade, or kids get put into a “life skills” class because extra learning resources are unavailable. Care, within such a landscape, can be so structurally misguided that the right thing to do seems to be to believe that the kids here should not pursue higher education, that testing kids for dyslexia seems like a win-win way to simply check and see if that can get them extra educational support (without considering how this might impact their self-esteem and self-confidence), and asking “is it a learning thing,” in front of a kid, within five minutes of meeting them, seems like an act of informed care because you came to volunteer your time here at the CC and you are aware that kids in distressed neighborhoods have these issues.

The idea that caring for kids at the CC (and other similar neighborhoods) is *voluntary* is a perpetuation of a failure of care. It supports a lack of investment in adequate resources and competent support, while legitimizing the notion that these kids can be cared for in society’s spare time. The support spaces that are trying to serve those in marginalized neighborhoods often have to accept this compromised offer because they too need help in order to fulfill their caregiving mission. The use of spare bodies and resources, and the giving and withdrawal of support, is felt by the kids who continue to suffer casualties from not being properly and equitably cared for and cared about.

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The care needs and deficits produced by such a landscape cascade down to the kids who feel the effects directly and via being surrounded by those with unmet needs. The kids in the CC are often multiply burdened as they are also absorbing the pain,

frustrations, and anger of other people's inability to access support. They experience a caregiving environment that can sometimes feel hostile and cold,<sup>46</sup> and become adept at looking for signs of care. They watch to see if someone "looks mad" or if they have their "mean face on"; they listen to how people talk and watch "their eyes" for subtle cues of care and for its impending absence by withdrawal.<sup>47</sup> The kids use these strategies because, each time they reach out, they cannot be sure what type of care they will receive.

Being in such a landscape means suffering losses. It can happen in ordinary ways through a day like Eddie's, where his sense of security and self-confidence is chipped away at and his belief in reliable support dims. Over time and experience, these losses mount. Mentors, teachers, and sources of guidance come and go, places and programs are here and gone, requests for care are delayed, denied, or dismissed.

Some of the kids at the CC used to have a house but then they lost it. There was food at home last month, but now there is not; they used to live with a grandma, aunt, brother who cared for them but now those caregivers are gone; they used to have friends who lived in the neighborhood but they moved or suddenly "went ghost" on them. A

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<sup>46</sup> Being in a neighborhood that has lower social cohesion can create mistrust and be felt as a reluctance by others to readily display warmth and embrace deep, caring friendships. Additionally, caregiving places, in an effort to prevent emotional burnout and instill boundaries—for their staff and for children who lose too many caregivers—can promote an atmosphere of coldness through rules that aim to dampen emotional attachment (e.g., no hugging, embracing, overempathizing).

<sup>47</sup> The kids, Mr. Malone says, "genuinely have to know that you care. [They] don't care what you know until they know that you care." Care is important here at the CC, but "caring," Mr. H. adds, "is not enough if someone doesn't see it. It has to be felt."

while ago, or in their old neighborhood, they used to be in band, were part of a magnet or arts program, had a favorite teacher who helped them, had access to a computer lab, bus routes, activity centers . . . and now they do not. They grieve these losses of people, places, support, and opportunity, and are scared that what stability they have now could be taken away. These feelings pervade the community, as they are not the only ones who “had a house,” “had to start all over,” and are afraid because they “can’t afford to lose all that” again. Their collective experiences of loss and mourning seem timeless.

Ms Abby says the kids cannot get away from all this trauma and loss, ever. As a kid at the CC, it can be wise to believe that a traumatic event is waiting to pierce through the good days, which are times that will not last. Orientating yourself to this reality of loss, based on your experience in and of place, unsettles trust in your surroundings. It disrupts the belief that your daily landscape will secure safety and well-being, provide consistent support, and care enough to provide for you in the same way as it does for kids elsewhere.

How, therefore, do you, as a kid at the CC, respond to the pressure to become a good kid within a landscape that lacks the capacity to consistently care for and about them? How do you handle the awareness that where you live can stand between you and your future desires? Does this struggle of defining yourself through a landscape shaped by stigma and care imbalances, turn productive or destructive? Does it, as Mr Ely ponders, create “a tipping point” where your frustration turns into “something that leads down a good road,” or does it instead start “to turn inward and self-destruct”?

## Chapter 5:

### “I Need Help!”

Mr. Ely hands back the test scores from the STAAR and says, “I know tests suck, tests are hard, tests can get you down, but in the spring y’all will be better, smarter.” Nelson gets his scoresheet. He glances at it, then crumples it down into a small ball, and fires it at the trashcan. It falls short and lies there crumpled on the ground, until he picks it up later during class. He looks at his grades again, then remashes it and throws it away again. “It’s okay to be upset, but I hate crumpling,” Mr. Ely says as he notices what Nelson is doing. He said the same thing to Kayla, who also crumpled her scoresheet. When she got the second one, she did not even look at it. She just put her head down on the desk until class ended.

—November 18, 2013

We are out on the basketball court, just playing around. No teams, no contests, no games. Angie is dribbling around and says, “I can do it between my legs like this” as she tries to dribble in between and crisscross around her legs. “This is how the boys do it,” she says, standing with her feet horizontally apart, and trying to get the ball to go in between her legs. “You can put one foot in front of the other, and try it that way,” I tell her. “No! I don’t want to learn to do it anyway,” she retorts, immediately dropping the ball and walking away as the ball rolls off.

—October 23, 2013

A situation becomes stressful and requires a coping mechanism when a person believes that the event poses a threat (i.e., something personal is at stake) and that this threat exceeds their ability to deal with it successfully (Lazarus & Folkman 1994). Not getting a passing grade on a standardized exam and being told how to improve your basketball dribbling skills are both events that require a coping mechanism if you perceive them as yet another assault on your self-worth. When you live within a context of stigma and are judged in relation to a shame-based hierarchy of good and bad, you



experience more of, as well as more intensely, the type of stressors that threaten your self-value and identity (Millier and Kaiser 2005). Test grades, homework scores, feedback that is perceived as criticizing one's capabilities, and behaviors that are praised or rebuked are moments that can jeopardize your identity as an emerging good kid.<sup>48</sup>

The stress of living in a landscape shaped by stigma and inconsistent care and the anxiety that accompanies the pressure to become a good kid, are evident not just when they talk about what they are going through. It “more comes out in the classrooms when they’re rolling around on the ground, or throwing chairs,” or “when they lash out in a negative way,” decide to take “seven Zanax and [black] out,” begin to “not give a damn” or start to “just stay inside, [and] away.” These responses are a reflection of the stressors that are proving too much to handle. The mix of strategies they use to cope with frustration, shame, and loss are myriad, and can be protective or become detrimental to their well-being. The responses, however, that are dominant and that grow in intensity or in frequency so as to become habitual, are those of resentment and anger, withdrawal, and disengagement.

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<sup>48</sup> Threats to self that impact one's identity, particularly in a socially valued domain, and that are based on stigma and discrimination are prone to being perceived as overwhelming and requiring a coping mechanism (Millier and Kaiser 2005). As shown earlier, the kids are aware of the stigma associated with where they live, know that their social identity is devalued, and believe that they are discriminated against and viewed as “less than” because they live in the CC and on the south side. The emphasis on their knowledge of place stigma is important because the context in which experiences transpire can create cues that increase how situations are appraised as threatening or not. An environment that activates negative group stereotypes and stigma can increase perceptions of identity threats and produce stigma-based stress responses (Major and O'Brien 2005).

Chronicling coping mechanisms can lead to a discussion of protective and detrimental outcomes. The narratives that follow, moreover, highlight the emotions that circulate as frustration builds into anxiety, and as the kids struggle to resolve the obstacles that lie between them in their daily landscape, and their aspirations. These affects, rather than marginal, are central to understanding how the experience of place starts to influence the kids' sense of self-worth and self-efficacy.

### **"I'll Burn It!"**

"Now I know west people is like the south people . . . I know their limits. 'Cause you could say something wrong to [south side] people, they snap. The north, the east, they're like calm . . . they kinda [let things] slide, don't get angry." —Mary

Anger can grow in intensity as annoyance and frustration turn into indignation, rage and resentment. The compulsion to anger can be driven by a resolve to confront harm or injustice, and can signal the suppression of a more vulnerable emotion. Buried underneath the visibility of anger can lie feelings such as fear, grief, humiliation, helplessness, guilt, or frustration.

The kids at the CC get frustrated by an environment that can be unpredictably harsh and leave them open to abuse. They get angry when someone calls them an ugly bitch-ass punk and tells them to go the fuck away—because it hurts and they feel unloved and no one comes to their aide. They get mad when someone wants to fight them and they are scared and without help and nowhere to go so they pace around the neighborhood acting tough back. They, like Chris, lash out because he is humiliated when

others question whether he can even read the “baby books” and is rageful, screaming, “I hate you Mary, I HATE you!” because he is afraid he might get in trouble and people will not believe him because he is one of the bad kids. In both instances, the violence of his anger lingers because he is not being adequately cared for. He is not getting the academic help he needs and continues to suffer from being left behind, and his interactions with his surroundings are intermittently affirming and predictably stigmatizing. The anger from this inconsistency of support and from denials of care that continue to cascade and threaten his self-worth, seep out and intensify even during moments that seem innocuous. This anger becomes less perplexing when understood as a response to inconsistent care.

Anger, in situations when support is expected but not received, can be functional and serve as a warning. It can, as Bowlby (1983) states, be an “anger of hope” that aims to discourage further denials of care and steer the relationship of care toward one that is more supportive. Displays of anger such as when someone has asked for help and not received it, and is mad at everyone and at living here, can be signals of a care imbalance that is distressing. Getting dejected from being denied care to the point where they just want to “pop you . . . in the stomach . . . [or] in the face” can be a functional anger that is motivated by the desire to correct or improve the situation. Anger can help to resolve the need for care, especially when asking and patience have failed. Lashing out and being “being real real real bad” can get people to stop messing with you, can get teachers to come over and help, and can get people to pay attention and offer support. Anger can become a feasible coping mechanism that creates a release from pent-up resentment and offers a way to rectify an injustice.

Anger resulting from disruptions of care, however, can “cross the narrow boundary between being deterrent and being revengeful” (Bowlby 1983, 247). Being in an environment that produces ongoing threats while also denying consistent care can arouse anger that hardens at the repeated experience of losing support. Lizzy “takes a lot in, takes a lot from everybody” without saying anything back. That is how the kids say they are, too. They try to let a lot of things slide. “I think I’m too nice,” Kimmy says. Her sister Jocelyn agrees, saying, “I think we all are all too nice. She [Kimmy] is too nice. She lets some shit slide from other people. . . . Like, honestly, I think each of us lets a lot of stuff slide every day.”

Being in such an environment that produces ongoing threats can harden your resolve not be constantly hurt and frustrated. You can gain a low tolerance for frustration (Bowlby, 1983) and refuse to let things slide, even if the situation may only be slightly unjust or pose a minor threat to your sense of self. You can perceive suggestions to improve your basketball dribbling as within the ongoing critique of your capabilities, and as a result, throw the ball down in anger. Similarly, you can perceive being asked whether you followed the homework instructions as another negative evaluation of your educational ability; and as such, immediately shout back, “the teacher’s not the boss of me!” or “I’m just going throw it up in the air and burn it. Just throw it up and burn it.”

Natalia says that this experience is “like a bomb.” If you keep getting hurt, and reaching out, and getting hurt again, and getting angry, “all of sudden when you explode they gonna finally learn a lesson.” This lesson, turns the “anger of hope” into an “anger of despair” as it transitions from seeking to rebuild caregiving reciprocity to a resentment

that is motivated by malice or a desire for revenge (Bowlby 1983). This shift in anger moves from wanting to engage in your daily surroundings based on a reciprocal outlook of “treat[ing] people how you want to be treated,” to instead wanting to show them how it feels to be hurt. Within this orientation, you use anger as a way to seek retribution that is meant to re-inflict the same amount of inner pain outward.

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Joe has been coming to SmartKids almost every day. Recently, he has been coming in excitedly but leaving crying. He has been getting in trouble for misbehaving or not following the rules. In several of these instances, it is because he is frustrated and needs help but he keeps getting denied or delayed. Each time he gets in trouble, and he is told that he does not get to go to the store and pick out a reward item, he bursts into tears and either storms out or leaves sulking. One day, Ms Grace and I are walking through the CC, checking up on where the kids are, when Ms Grace sees Joe and a group of other boys drinking water that is running down the street. She shouts at them, “y’all are gonna get sick! Y’all don’t need to be doing that. You’re gonna get sick!” As she is shouting this, Joe picks up a “rock” (a broken piece of sidewalk) and fires it at her. He misses, then picks up a second, and then a third and chucks it at her.

On one hand, Ms Grace has not done anything but aim to keep him safe by scolding him for unhealthy behavior. On the other hand, she is yet another source of care that has been withdrawing support. Joe has been signaling his frustration and anger at this care imbalance, and coming back in hopes of repairing this lack of reciprocity and gaining assurance that he’ll be cared for. He has been engaging and engaging in this cycle

of hopeful anger, until this afternoon. After this episode, he stops coming to SmartKids for months.

A similar situation happens with Matt.<sup>49</sup> This time, I am with Ms Abby and a few other women and we are walking through the neighborhood doing some outreach for the elementary school. Matt sees us and starts following us, screaming, “gimmie a dollar! Gimmie a dollar!” “Matt,” Ms Abby finally says sternly. In response to hearing his name in this tone, he yells back, “what! I live here; you can’t tell me what to do. Gimmie a dollar!” She sternly tells him, “but I can still say who gets to go to SmartKids or not, do you want to miss out? And we’re having a Halloween party next week, do you want to miss that? Well you better change [your attitude].” He sharply turns away from her angrily and growls, “fine. Well, I’ll burn down the house!”

In this situation, it is not just unfair that Ms Abby is deciding the rules of support outside of SmartKids, but it is also the threat of loss that fuels Matt’s anger. Ms Abby is threatening to take away his ability to access support through SmartKids and to also take away his ability to be included in activities that present a time to play, explore, and

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<sup>49</sup> This anger is not just directed at the people but also at place and at the CC itself. Many times when they are frustrated about the state of support they are receiving, their anger is directed at place as a social space. They will say that they hate going over there, or are mad at SmartKids, the BG, or the Center because it is no longer fun, not a good place to go, or they do not like the mood there right now. Or they will say that their school is bad and doesn’t teach them anything, or direct their anger at the CC itself, saying how much they hate their neighborhood and want to move because there are too many fights, too much violence, it is ghetto, etc. They will verbally reject the CC or stay inside when they are resentful, and also physically direct their anger through vandalizing the community. The latter, however, is done less overtly because it can result in evictions. It is also rarely ever one place that is the site of problem, but rather the inconsistency of support that pervades their daily landscape.

engage in more carefree fun, often outside of the CC. Without SmartKids, a source of ongoing support, site of care and connection to other caring spaces within and outside the community, and a physical safehaven would be lost to Matt. His daily landscape of care would suffer a major depletion.

Being “subjected to the threat of being abandoned” can generate “the most violently angry and dysfunctional response” to caregiving withdrawal (Bowlby 1983, 248). It is a situation that simultaneously generates anger at being unfairly rejected, fear of being deserted, and anxiety that this form of caregiving abandonment is a possibility and one that is outside of one’s control. Anger in this situation can therefore become repressed out of fear that the threat of abandonment could be carried out. If anger is expressed in the face of threats of abandonment, it motivates a sharp desire for atonement.

The loss of SmartKids is not one that Matt wants to suffer, so he comes back, and keeps coming back. He does this often. He gets angry and defiantly says, “I’m never coming back here!” or “I was just trying to help . . . I hate you guys! I hate all of this!” and then returns the very next day for reassurance and comfort. This, however, does not mean that his anger dissipates. The threat of loss and caregiving abandonment is not an isolated experience for Matt, or for others in the CC. They live in an environment where their daily landscape of care is constantly threatened. They are told that their schools may close, and are at times threatened that it could be their fault if they don’t behave, learn, or pass the exams. They hear that they may be evicted, the library down the road may be taken away, or the pool may shut down, and that it might be because they are failing to

meet the requirements necessary for this public service. Many of the programs and support services they access in and through the CC carry this threat of caregiving abandonment—that funding is limited, closures may happen, and that this loss of support may happen because they, as care receivers, are not meeting the requirements for support, or that care is available but can be taken away (at any time) if they are seen as undeserving. They operate within a hostile caregiving landscape that is prone to using abandonment as punishment.

The south-side kids, as Mary says, are more likely to snap. And when some kids here get mad, they begin to implode. This anger, Mr. Ely tells me, can create “a huge amount of worry, and a huge amount of anxiety that can turn, as kids get older.” The frustration at being unsupported and stigmatized can turn inward and become uncontrollable, internalized resentment. Sometimes the anger, like Steph’s, takes hold and becomes “rolled off deeply”. Steph “thinks he is garbage, he thinks he is a failure,” Mr. Ely says. When he gets angry, it is a “seething rage that bubbles up . . . and he gets in these moods where he won’t have outbursts, but he’ll just seethe . . . And it just seems like he is turning in on himself and exploding.” This internally seething anger is part of what is preventing his friends, family, and teachers from reaching him, and is likely distancing him from the underlying emotions influencing his decision to drop out of high school.

This anger can also represent a turning point. The pattern of furious anger



followed by reaching out for reassurance<sup>50</sup> can indicate an anger that is still at the cusp of hope and despair. They may be trying to determine whether their caregiving landscape is unstable and abandoning or whether the situation is correctable. Matt realizes his anger can be out of control, and wants to reverse this response that's becoming habitual and involuntary.<sup>51</sup> He tries to do what Benny suggests: "close your eyes and count to ten . . . to not get mad," because doing this can feel "real good." What he is really asking for is to be in a landscape of consistent support and assurance. He is fighting for the CC as a place that can be a "good community." He wants to cut down on all the fighting and bad parts so it can be a place for kids to play, skateboard, be "free out here." He wants it to have more good places for kids to go to for help, like SmartKids or the BG. He wants it to be a place where kids just grow up with love and support. Instead, he is experiencing a place that offers support at the same time as it threatens to abandon and reject him. As he holds out hope for this transformation of place and caregiving, he is left wrestling with an anger

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<sup>50</sup> This pattern of anger and reassurance also parallels that of those "who are prone to experience shame" (Mikulincer 1998, 522). This pattern of anger at slight critiques, low tolerance of negative appraisals, and resentment for being judged as not smart or as bad/ghetto (e.g., for reading poorly, drinking dirty water on the sidewalk, begging for a dollar), followed by distress that seeks reassurance from the source that inflicted the judgment, can be an anger of shame. This makes the experience of stigma and unstable care jeopardizing, as it then can create risks via similar pathways.

<sup>51</sup> We often evaluate our emotions based on an internal standard of who we are or want to be (Jansz and Timmers 2002). If an emotion is evaluated as a threat to that desired identity, then it can create unease. If children who are trying to be good kids get angry, but believe that good kids should not lash out, then it increases their unease at angry outbursts. An emotion and its evaluation can produce secondary emotions that impact what actions are taken and how the initial emotion is regulated (ibid.). For example, anger may generate feelings of regret that compel one not to get further enraged, or the regret at anger could cause feelings of shame, followed by sulking.

that those around him say may prevent him from “getting far in life” and from reaching his goal of being an FBI agent.

Ms Grace and Ms Abby talk about Cielo, for whom the struggle with anger is also a struggle over her future possibilities:

Ms Grace: “She’s like, I’m done with all that mess—I’m just gonna stay focused.”

Ms Abby: “I love that girl.”

Ms Grace: “I know, me too. She’s just her own person.”

Ms Abby: “I know, and if she stays focused she can make it. She wants to be a vet, and I’m like, go on, be a vet!”

Ms Grace: “That girl can do whatever she wants if she doesn’t let that anger get to her.

Ms Abby: “That anger!”

Ms Grace: “Yeah.”

## Sulking

Giving and accepting guidance through behavioral corrections is most constructive when the unacceptable behavior is separated from the person and their self-worth. In a context where acting good or bad is entangled with being a good or bad kid, the sense of separation between *I did something bad* and *I am bad* is blurred. Being evaluated as bad can create a sense of external shame that one is being looked down on as inadequate or flawed. This shame can then trigger internal self-criticism.

I sit down with Bianca to help her with her reading homework. “I don’t wanna do this anymore!” she says. I read the instructions first before looking at her answers. After reading the beginning I say, “oh I have to read the story to help you,” and then read aloud the end of the instructions where it says to support your answer with something from the story. She interrupts me, murmuring, “So. I wrote down what I wanted to. That’s what I wrote.” She then sits there silently, looking down and away, until I change the subject. There are many minor-seeming situations such as this, when instructions or guidance are met with defensiveness, and more often with sulking. Bianca, for example, immediately interpreted my reading of the instructions as a sign that I was judging what she had already written as inadequate. She perceived my words as a critique, turned away from me and grew sullen. She responded by taking her work and herself outside the lens of evaluation vis-a-vis the requirements of the reading assignment—so, she wrote down what *she* wanted to. My reading of the instructions created for Bianca a stressful stigma-related encounter (Millier and Kaiser 2001), which led to her perceiving me as critiquing and devaluing both her and her performance as *poor* or *bad*, and resulted in an attempt to

cope through sulking.

Sulking typically occurs in situations, like this, when the kids interpret guidance and corrections of behavior as scolding for *being* bad. Felipe, for example, had started coming to SmartKids more often and was being praised for his good behavior. Today was award day, and, unbeknownst to him, he was going to get one of the few Shining Star awards. When he came in, Ms Grace told him to put away his lollipop and he did not. When she saw him still eating it, she told him, more sternly and firmly, to put it away and then pointed at the rules. Felipe immediately started to sulk. Ms Grace went over to talk to him about why eating a lollipop was not good behavior during SmartKids. I was just telling him to put it up, she later explains, and then he got all sullen, hung his head down, and “decided to have a meltdown.” He was not even in trouble, she adds.

This correction seems minor because it was not conveyed in a way that assigned blame, was devaluing, or came with any additional punishment. Ms Grace’s feedback identified the behavior that was unacceptable in a non-judgmental manner. Felipe, having not been verbally demeaned or having suffered additional punishments, should have felt assured that it was his actions that needed to be fixed. He instead reacted with an intense and prolonged sulking that led him to further self-isolate. He lowered his head away from Ms Grace during the entire conversation, then grabbed his backpack and walked out dejectedly.

Sulking can be a type of passive anger that silently nurses resentment and builds a justification for retaliation and victimization. When directed at a source of care, it often signals a “partially unconscious resentment” where a child is seeking support while also

wanting to punish the caregiver (Bowlby 2012, 163). Experiencing care that is both supportive and rejecting can, as highlighted above, create a situation of building anger. At times, however, the desire to display anger is tempered by the belief that doing so might increase the possibility of receiving less care or of being abandoned. This combination of anger and the fear of rejection can produce the passive display of sulking, where signals of disapproval are communicated but not displayed in a manner that welcomes an aggressive response.

Felipe is therefore expressing his frustration at this denial of support in a way that does not jeopardize his ability to keep coming to SmartKids and to keep receiving affirmation that he is one of the good kids. Being scolded by Ms Grace is felt as a criticism of him based on his bad behavior, and as an assault on his social status as it positions him as a bad kid within this space of SmartKids, where he is typically affirmed. But Felipe, in reacting to these threats, does not want to further *act out* and become even more of a bad kid, which would jeopardize his ability to keep coming to SmartKids and to keep receiving affirmation. Instead, he sulks and sulks. Sulking can become an unconscious way of retaliating against withdrawals of support that also threaten or lower one's perceived status. The visibility of its performance can be an attempt to signal frustration with an intensity that lingers and is displayed over time rather than through a momentary volatility. In this way, sulking aims to both punish and regulate caregiving imbalances in a way that prevents further losses of support.

When sulking is associated with attempts to cover and conceal the self, and is done in response to evaluations that are perceived as negative and critical, then it can

become a reaction that aims to manage feelings of shame and/or self-blame. Sulking can be experienced as a sudden decrescendo from a previous state, because the shock of shame registers and translates into a sudden deflation of self (Schoore 1994). Sulking often happens in situations where the kids are trying to cope with judgment that is associated with being bad—the type of badness of self that is aligned with not measuring up, not being one of the good kids. Being told to put the pillows down because that is not what the kids who are following instructions are doing, is met with deep brooding, as is being told to stop whining or get out of class because *we* are learning in here, or to stop going up the hill before you start following along with *those kids*, or that your writing could be better if you learned the three-step process.

These everyday instances of getting advice or being corrected for behavior that is aligned with bad are the ones that leave the kids at the CC sullen and sitting with their heads in their laps, on the floor by the stairs, by the tree, and at the edge of the basketball courts. Or sullen and waking away, head bowed and shoulders slumped, dragging themselves slowly away from the person or place of insult and refusing to acknowledge them or come back tomorrow, or the next, or the next. Sulking is an emotional state that directs punishment both outward and internally. Sulking, therefore, is not a complete internalization of negativity and shame. It is, rather, a coping mechanism to deal with being in between internalizing shame and externalizing frustration and in between resentfully rejecting and intensely longing to be better cared for.

The fact that minor forms of correction and guidance produce sulking, and that this behavior persists across age groups, highlights the ways in which doing and being

bad are intertwined as well as how judgement-averse and sensitive the kids at the CC become and remain. Rather than simply an early-childhood response to being reprimanded (childish pouting), the process of delinking the self from behaviors that need correcting (i.e., “I am doing something bad” does not mean “I am bad”) is not reinforced. A persisting feedback, instead, is that what you are doing is becoming an indelible aspect of who you. Place stigma and shame can turn guidance into judgement, and turn criticism inward, into self-blame.

## **Leaving: Quitting on 'Em**

Choosing to leave a hostile or unfulfilling environment is a coping response which, like others, is adaptive. Rather than accepting oppressive conditions, people often use creative, everyday strategies to improve “the conditions and possibilities of their everyday lives” (Katz 2004). They take actions that, as Katz (2004) argues, can enable them to generate *resilience* and get by, *rework* inequality by using purposeful plans to combat identified structural problems, or *resist* and take deliberate steps to dismantle exploitative relations based on critical awareness of structural constraints.

Leaving is a practice that enables the kids at the CC to adapt to and rework their environment. Walking away from a threat, when it looks like a fight may break out or a bully is nearby, and as a way to cool off when upset, offers a momentary break that can shore up resilience. Leaving can enable you to get around everyday threats and still engage in, rather than completely withdraw from, your daily environment. Recognizing that you can remove yourself from a situation that is unjust can be a powerful realization. It can generate an awareness of some measure of control over your environment, which is important for children who often are told that they have no choice but to be somewhere and endure it.

The kids at the CC use this tactic of leaving to purposefully rework their environment. Choosing to move away from certain people or sections of the room, as Ariana, Elysa, Vanessa, and Lucas explain, can help improve the experience of the classroom by finding places that combat distraction or that put them among helpful peers.



Pleading to leave the “ratchet school” that they go to and finding other alternative options, wanting to leave the CC and identifying where they want to move and why (e.g., with my stepdad so I can go to a better school like Westpark, and have a good job like my brother; with my grandmother because her neighborhood has less drama and I’m less mean over there) are attempts to rework their personal environment and make it less constraining. Acts of leaving can be signals that call attention to the aspects of place that kids find limiting.<sup>52</sup>

Leaving and withdrawing can blur the lines between practices of resilience and responses to situations that are simply unliked. Withdrawing is overused when it is justified as a response to situations that are inconvenient for non-oppressive factors, or when it becomes an approach for avoiding accountability. Disengaging as a main coping mechanism for frustration, pain, or anxiety can become self-destructive. Ms Kourtney says that she is seeing more crises this year and more kids resolving them by running away. “We have had so much running away this year, just coming to school and then not showing up again. And a lot more cutting . . . and other destructive behavior.” “Pills,” Mr. Ely says, “have become a huge problem.” Some students are “starting to get to that

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<sup>52</sup> The kids pursue other everyday tactics and strategies to respond to place stigma and the inequalities they face (e.g., take pride in being from the CC and the south side, seek to redefine ghetto, walk slowly to school to be late in order to lobby for a bus pass, figure out which teachers have smaller advisory classes and come by to pick up their extra food). They particularly seek to “work the system” and use negative stereotypes of them and the CC to their advantage (e.g., be a bad kid and act real mean, especially on the first day of school as a way to get the teacher to give them special attention or be lenient to them, or targeting people who think they are “dumb” by compelling them to grant allowances or supplying the wrong information under the pretense of mocking them later).

‘my life is just so bad I’m gonna do drugs.’” Nelson, for example, is “baked out of his mind” because he is shouldering so much responsibility and has to stay up all night taking care of his family. He does not say much about this or complain, but instead copes with his day-to-day reality by blunting how overwhelming it is. “A lot of ’em will do that [self-medicate],” as a way to cope with pain, Ms Abby says. They will also, as Eva says she does, try to find ways to transform the pain so “it doesn’t hurt me inside.”

Hallie transforms her pain by trying not to “really pay attention to life” or what is happening around her at the CC. “I’m more just tuning things out,” she says. But blocking out life is also making her not feel anything: “I just [feel like] I’m missing all my feelings . . . I used to be feeling a lot of all my feelings. [But now,] nothing, I feel nothing no more.” A few months later, I ask her about her feelings and she says they are still gone. “Which ones are still missing?” I ask. Happy, she says, “happy is kinda coming up . . . It’s not down, it’s just, I don’t know, just somewhere. That’s a feeling that just been hiding.” “They hiding,” she adds: her feelings are still just hiding.

Of course, she is “flighty” and distanced, Ms Grace says, “otherwise how would she cope.” On one hand, how would she cope if she suddenly stopped withdrawing without any other emotional tools or support? On the other hand, avoidance, withdrawal, and disengagement coping responses tend to be less adaptive, and are associated with “increased psychological distress, including maladjustment and physical symptoms” (Millier and Kaiser 2001, 80). Disengagement forms of coping with stress and with stigma-related stressors are more likely to be entangled with “adverse consequences” (Major and O’Brien 2005; Millier and Kaiser 2001, 80). What is the bigger problem,

what Hallie is responding to or her response?

### **I Don't Care, Anyways**

I am helping Angie and Bianca with their math homework of ordering decimals. Sometimes they confidently get it, other times they check with me before moving on. “Is it .135 or .140?” Angie asks. I do not respond, waiting for her to choose. “This one,” she says pointing to .135. I nod my head yes and we proceed, tentatively, through the rest of the homework. After we finish, Angie goes to double-check her work with Ms Grace. She comes back a few minutes later and says “this one is wrong.” Bianca looks it over and says, “oh yeah,” then erases the answer, and corrects it. She retraces all her other answers to match the darker penciling of the one she just corrected. After diligently retracing everything, she looks at me, points to the one she fixed, and asks, “Can you tell [that I messed up]?”

They have a “desire to be smart,” Ms Munoz says, “’cause they know people think of them, their neighborhood, and their school as dumb. So it is really hard for them, because they don’t want to fail.” If Bianca is worried that someone will notice she almost got one of her answers wrong on her homework, then how do they react to other and also bigger evaluations of progress and benchmarks of “smartness”?

“They get so stressed about it [testing],” Ms Abby says about the elementary school kids. “We did anxiety groups about STAAR<sup>53</sup> for third, fourth, and fifth [grade]

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<sup>53</sup> The State of Texas Assessments of Academic Readiness (STAAR) series of standardized exams.

this spring to help them prep for it. And I don't think it really helped. I think they're still pretty anxious [about] failing. And a lot of them, their teachers will tell them, in fifth grade, especially threaten, 'If you don't pass, you're not going to go to sixth grade.' I mean, that's so much anxiety. Who wants to get held back because they failed one test? It's so sad. They get so overwhelmed. You shouldn't have this much stress in your life." Exams, which are already stressful, take on greater importance in a context of not wanting to be dumb and trying to be one of the good/smart kids.

Eddie is "scared" about how he did because he does not know if he will "get a 70 and above and pass, or a 60 and below and fail." The anxiety on their faces and in the atmosphere is heavy, and is still present in high school. The high schoolers also have anxiety groups and stress-reducing preparation. At Marshall High, the teachers and administrators coordinate relaxation activities for them (e.g. playing soccer, free class periods) and give counseling sessions. They talk to them not only about the content, but tell them to remember to breathe, not take it out on their body, keep their body relaxed, try to stay calm. The days of anxiety prep and reminders about what should be involuntary bodily functions (breathing) are a response to the kids' overwhelming anxiety. The daily evaluations they encounter meld with the more significant benchmarks that adjudicate their smarts and self-worth as well as the worthiness of their peers, school, neighborhood, zip code, and side of town. It is "just demoralizing" to not measure up, Mr. Ely says; "it sucks that [the score] becomes part of how they value themselves . . . we have really mixed-up value systems, if our values are indicated by our actions."

It is indeed demoralizing, in the context of aiming to "be good" and "make it,"

when someone like Dwayne gets a 68 on a practice test and knows that he needs to get a 90. Thinking about it can be paralyzing, as he tries to decide whether for this afternoon he should reinvest in homework or distract himself for a little bit and do something that restores his energy, happiness, and self-esteem. Having to decide how to deal with constantly being exposed to judgment that finds him less deserving, and being in a position where he feels as if he is constantly being adjudicated, can become untenable. The most dominant coping mechanism taken in response to this stigma-based anxiety is to find a way to disengage from the process of being evaluated so that the judgement becomes less painful. The kids, in other words, start to care less about the very evaluation they are striving so hard to measure up against.

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I ask Hallie how it is going and she says, “I’m not good at division,” as she is mixing up the numerator and denominator and struggling with the calculations. “*I don’t really care* about division . . . I don’t care about any of this. *I don’t really care* about math. My math is weak.” “Why do you think your math is weak?” I ask. “Well, because I’ve seen my grades and my tests,” she mumbles as her eyes get misty and her face becomes increasingly drawn. She continues quietly, “and when we get tests and she [her teacher] tells you if you got an F or an A, C, B, whatever. Well if you get a bunch of Fs on it, then you’re weak.” She tries to assert that she doesn’t care about this, even though she’s about to cry. She says she does not care when she starts to get upset, in an effort to stop herself from crying.

The other kids attempt the same strategy in response to uncertainty about their

performance. When Cielo starts struggling with her homework, she says, “I don’t care about that homework, I don’t care about that stuff anyway,” and starts scribbling nonsense answers. “I don’t care,” Pablo also says as he starts circling random answers on his homework. “I don’t care anyways,” he says. Bianca, after getting frustrated by her homework, also says the same thing: “I don’t care about that anyway,” she retorts as she stuffs it into her notebook. They not only “don’t care,” they “don’t care *anyway*,” because it is a preemptive response to a judgment that may find them deficient. “I do not care” becomes a growing coping reaction to evaluations and perceived criticisms that threaten their self-worth or status.

Carla walks up with her two friends and looks at a clay box that Erica made and is showing me. She tells Erica that she is doing baby work, unlike her and her friends who are now in middle school. She looks at her clay box and says, “this isn’t even square,” as she picks up the lid top, and “you’re supposed to squish the sides.” “No you’re not,” Erica says, “you are supposed to smooth it out,” and demonstrates the process, which everyone can tell seems more correct. “Whatever, I don’t care about this stuff!” Carla says as she suddenly walks off.

“I don’t care, he can call me a bitch!” Cielo claims after her brother screams at her and everyone arounds is chanting “ooh! Ooh! Ooh!”; “I don’t care,” Eva and Jackie say about how they feel when people make fun of them; “I hate soggy apples anyway,” Maria immediately retorts after being told to leave and get rid of her food; “I didn’t care,” Khloe says about Ms Grace scolding her about her bad attitude; “I don’t care,” they shrug when someone says their house is dirty, their shoes are ugly, they will not get to go on the

field trip, they do not get a sticker for the day, their reading is just okay, they did not do so well on their writing on their exam, or they got a bad grade. “I don’t care” becomes normalized within the CC as a way to dampen the impact of being shamed or hurt by negative judgments, especially about the traits and social identities that are lauded (being good, smart, capable).

Writing down random answers, scrawling indecipherable text, or bubbling in all Cs while professing that you do not care anyway can also be a way of distancing yourself from the results. I ask Jayden about this when he says that he and his middle-school friends are not nervous about the upcoming exam. They do not get nervous, he says, because “they just guess . . . they don’t take it seriously.” He at first says this is because it is just the practice test, but then indicates that they do the same thing on the real test. They go in knowing that they are just going to guess and this relieves the pressure. Raquel says the same thing. When Mr. Ely announces that people did well on the first half of the questions and then the grades start falling off, she responds that about halfway is when she stopped caring and no longer felt like reading anymore. She accepts that she did badly on the second half and does not get dejected by this assessment, or crumple her test score, because that is when she stopped trying anyway: it does not truly reflect what she knows.

Maria adopts the same “I didn’t care so I don’t care about the results” attitude. Angie mouths to her, “what did you get on your test.” Maria mouths back, after making sure no one is looking, “a 46.” Angie flashes a grin that says, “yeah, that’s bad,” and Maria says back, hamming it up as she goes along, “yeah, I failed it. Toward the end I

just feel asleep. I was like this,” she says as she motions zipping up her hoodie, putting it over her head, and putting her feet up on the desk. I was just like that, she says, slouching more, spreading her feet out, being prideful about how she was acting in the face of an important test. She jokes about it because she failed it in the safety of knowing she cannot completely be judged for her effort. In this mindset, you are not really failing if you are not really trying.

The “I don’t care” attitude can spread and deepen. Marshall High rearranged their schedule to do a week-long intervention for those who failed the state exam. Mr. Ely and Mr. Curtis work with the students who need to retake the English Language Arts portion of the exam. Most students are working and following along, except for a few, and in particular a group of boys at the back. Mr. Curtis goes over to them repeatedly to get them to try. Aaron finally says to him, bluntly, “I don’t care about *this*, I don’t care.” Later, Mr. Curtis is retelling what happened and he says, “he [Aaron] just didn’t understand how this was important to him . . . he flat out said he didn’t care.” Mr. Ely responds, “and I’m not gonna make him care in two hours.” “But that I-don’t-care attitude,” he says, can spread, or lower, through a school. Right now, at this school with its history, “getting three-quarters of them to pay attention, I consider that a victory.” The spread of a coping mechanism can be indicative of both a prevalent stressor and a desired sense of relief.

Disengaging and withdrawing effort from areas where one feels negatively judged, even prejudiced against, is a coping mechanism people use to preserve their self-worth (Major and O’Brien 2005). This form of disidentification, whereby one disengages



one's self-esteem from a domain of evaluation, is more likely to occur in situations where negative stereotypes, or expectations of racial bias or of poor performance, are primed (Major and Schamder 1998). Knowing, for example, that your school, neighborhood, and side of town does poorly on achievement tests, academically, and on markers of "smartness," within a context where you yourself have mixed results, and when you are also constantly reminded of both (i.e., you and those around here are less likely to be smart and to make it), can create the type of stress that compels you to psychologically disengage your self-worth from evaluations of "smartness."

Disengagement as a coping mechanism is less adaptive if it is in a domain that is highly valued by society (e.g., being college-bound). Alternatively, accepting the belief that you are likely to fail and are not smart is also less adaptive, especially if you accept a stigmatized judgment (Miller and Kaiser 2001). Some people cope with this particular form of identity threat (e.g., the quest to be smart in a context of stigma and marginalization), by striving even harder. This coping response is also evident in kids at the CC who respond with superhuman perseverance. Some care less and less until they disidentify completely with being evaluated based on measuring up to being good enough and smart enough to make it.<sup>54</sup> And yet, the vast majority vacillate. Many who profess not to care, have not fully withdrawn. They are instead struggling to figure out how to

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<sup>54</sup> Resistant or defiant coping mechanisms go beyond being superhuman or "dropping out." There are also some who disidentify with the evaluation system itself and aim to be neither good nor ghetto, but something else. The polarization of the two (from superhuman to complete disidentification) is indeed present, but is also characterized as such to draw attention away from the smaller group of extremes and toward the majority of those who lie in between.

continue to cope within a daily context of stress, anxiety, frustration, and pain.

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The first thing Bianca says about the typical fifth grader from around here is that they are “smart”; “we are smart,” she defiantly affirms. She keeps track of who she is smart compared to, and how well she is doing in relation to being on the right track. She is proud when she hears her mom say she is smart and more importantly that she’s “college bound”. She would have been overjoyed to hear Ms Grace and Ms Abby affirm that she’s “smart, she knows what she’s doing.” Bianca is, by the valued external markers, on the right, good track. Until one day, she comes into SmartKids, and says, “They wanna put me in special ed.” Before we can all register our shock, she quickly adds, “I don’t care! Regular classes are too much work *anyways*,” she says, plus, “I have friends—they didn’t do nothing, no homework, nothing, and they still passed [them] up [to the next grade level].” Her claim of not caring is in direct opposition to her aspirational self-concept and the way she clings to becoming one of the good kids. Her retort of “I don’t care” is also immediately followed by the reassuring statement that doing and being less can still result in academic progress. She is trying to disengage from the assault on her self-worth while still aligning herself with the highly valued goal of moving toward graduating and becoming one of the successful ones.

For Maria, the verbal retort of “I don’t care” is evident but the underlying commitment is shaky. When I ask her about the 46 she got on the exam, she later says she knows her score was “not good.” She wanted it to be higher, because a 46 is not good enough, not for her. “I don’t even know why she’s failing,” Ms Abby says. “Because

she's smart!" both Ms Abby and Ms Grace say at once. Ms Grace continues, "it's too early for her to be giving up. I mean you don't get sick of school until you're a sophomore, junior at high school, and she's in fifth grade." Maria, however, does care about her achievement. She is proud when she does well in school and is acknowledged for good behavior. She beams and cannot wait to brag when she is complimented or recognized for doing something seen as good and smart. She wants to be smart and upheld as such. She is overly focused on getting the right answer, extremely frustrated when she does not understand her work, misses too many question, or thinks that she is not doing the work correctly. She also gets dejected when her performance is judged as poor or average, angry when she cannot get the help she needs, and sulks when she is reprimanded for being bad. Maria may indeed be getting "sick of"—emotionally and psychologically anxious, drained, and overwhelmed by—the everyday combination of striving and coping.

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Managing stress and anxiety is difficult enough without also being told that the situation you are in is unpredictable and unlikely to change. How you emotionally assess this predicament is integral to the coping process (Lazarus 2006). Coping, in other words, does not come after an emotion but is embedded alongside it. If demeaned, for example, then "viewing oneself as helpless favors anxiety and withdrawal, whereas having a sense of power over the outcome favors anger and aggression" (Lazarus 2006, 37).

Determining how to examine coping mechanisms and emotions together, within the landscape in which they are expressed, can therefore generate greater understanding

about how and why affective habits form and become patterned.

## Chapter 6:

### Adjusting to the CC: Ghosts, Tears, the '19, and Doubt

“Here in Cathedral,” Bianca says, “this is what you do. You learn and you make friends . . . You’re learning from other people, like if they’re making bad choices, you’re learning not to, and you learn how to find jobs and how to go out there and look for your jobs.” “No kid wants to grow up alone,” Anna adds. So here at Cathedral, you get to “grow up with other kids to see how it feels . . . [and] to see what you don’t like and what you do like. What you do want to be and what do you don’t want to be.” You learn what you need to do in order “to be able to get successful.” Mary agrees that “you learn stuff from here,” like how to get a “good education” and how to “pick up the good stuff.”

Early on at the CC, as you are playing and forming relationships with your friends, and the people and places around you, you are homing in on the point that you cannot just be living. You have to learn how to “pick up the good stuff” that will lead to success. You have to be vigilant about becoming good and not ending up stuck here. You reach out to get support, but it is not consistent. Sometimes you receive help and other times not, but this pattern is both consistent and unpredictable. What, then, are you picking up about how to get help and about what to do if you only get support sometimes? What are you picking up about what it means to be someone who is sometimes rejected or abandoned by the people and places around you? How do you see yourself and assess the possibility of becoming a good/smart kid within an unstable landscape of care?

As a kid in the CC, due to poverty and living with people and in places that are stretched thin, you know that your support system lies within and beyond “home.” The nearby schools, clubs, community centers, churches, and service organizations that come through your neighborhood are there to provide supporting services. When you need help and are stressed and frustrated, you turn to this daily landscape for care.

Each time you turn to place for support, similar to turning to a caregiver, you are determining “how accessible and responsive” the care you are receiving is and whether you are confident that this support will be “readily available” or not (Bowlby 1982). When you turn to place for support, you remember the times when you got support and when it relieved your anxiety. Each time you get help on your homework and access to books, computers, and tutors; advice solving problems and coping with trauma and stress; referrals to doctors, counselors, food, bus passes; a place that is safe to play or just relax in—then your landscape is providing responsive care. Each time you are reciprocally cared for, you are becoming assured that you can get support when you need it and are feeling more confident about your ability to maintain your security as you engage in the world around you. Through reliable caregiving interactions, you are developing positive, more secure expectations about support and also about yourself (Bowlby 2012; Ainsworth et al. 1978).

Not receiving care, however, feels threatening. Similar to attachments to caregivers, expecting support and not getting it presents a signal that support might not be there in times of distress. It is felt as a warning that the conditions of your safety are not

assured. Each time you feel that you “might get jumped,” or run into “people that come over here and cause problems,” or turn a corner and “there’s always fighting, people always smoking, and always bad people walking around,” then your sense of perceived danger escalates. You become doubly afraid that you might run into trouble and that when you do, help may not come. Like a child who has an unstable caregiver, you begin to worry about being able to access support (Cassidy and Berlin 1994; Ainsworth 1971). The more you do not get support, the more anxious you stay, and the more you start to pay attention to signs of *not getting help*.

As this balance starts to shift from feeling that support is accessible and reliable, to inconsistent or unavailable, your expectations and behaviors (working model) for seeking care shift (Bowlby 1976). If this working model is positively reinforcing (I can get support when I need it, and this care is consistently available), then you are also developing a secure caregiving attachment. If, however, you are experiencing a situation where support is inconsistently reliable, or is always unavailable, then you are forming an insecure caregiving attachment, and are becoming ambivalent about seeking care or are starting to avoid seeking help all together (Ainsworth et al. 1978).<sup>55</sup>

When support is sometimes available and sometimes not, it is destabilizing in ways that reduce your ability to effectively cope with stress and that leave you prone to feeling less cared about and less valued. These negative perceptions of doubt and uncertainty are shaped by caregiving encounters that create feelings of rejection and loss

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<sup>55</sup> For more detail about attachment styles, and attachment’s neurobiological connections, see the “[\*\*Attachment Theory\*\*](#)” **section in chapter one.**

(Bowlby 1982). Situations where you mourn the loss of support, such as when a trusted teacher or mentor who you “grew up with” leaves, or when your “best friend” or the person who was “like a brother” suddenly moves or gets evicted, are ones that can start to build a working model of insecure care. Knowing that the places around you come and go, that people around here disappear and are “never coming back,” get sick a lot, or may die, and being told that when you find support, you should make sure to “treat [them] right because in the blink of an eye, they could be gone,” is to develop a deepening realization that support here may abandon you.<sup>56</sup>

In fact, you too often receive threats of abandonment: your school may close if you do not do well, the community center and pool may lose funding because they are on the south side, housing may might take away the park and basketball court because it is getting “too bad” around here. The more you believe that support can *ghost* on you, or abandon you and do so because you are not deserving, not only leaves you mad and mistrustful but also makes you question whether you are worthy of support (Cassidy and Shaver 2016; Bowlby 1982).

Experiencing losses and disruptions of care can “shake[s] a person’s confidence”

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<sup>56</sup> Bowlby’s investigation into attachment theory began with the insight that separation and loss have lasting impact on children’s development. He wanted to understand how losing a parent impacted children’s development, and in a broader sense, what happens as children respond to and also mourn sustained and brief separations from a caregiver (Bowlby 2012). It is the nature of caregiver availability, shaped by anxiety and grief over separations and feelings of rejection and abandonment, that lie at the heart of secure and insecure attachment bonds. The issues of loss of care and expectations about losing support—from periodic to sustained or unpredictable and abandoning—and the responses these create, are crucial to understanding the underlying factors that influence the nature of attachment bonds.



about themselves and their ability to be cared for and about (Bowlby 1976, 166). When these disruptions are frequent, the caregiving capacity of place can feel persistently threatened, particularly when they are the types of disruptions that leave the entire community feeling anxious, fearful, or depleted (e.g., a string of burglaries, a stabbing, a suicide). When the kids say the CC feels “cold” and vigilance and anxiety starts to spread, it is often in relation to perceptions of declining support or to threats of caregiving abandonment. Their “state of security, anxiety, or distress” can, similar to attachments with people as caregivers, be measured “in large part by the accessibility and responsiveness” of care that their daily landscape is providing (Bowlby 1976, 23).

### **Attached to Insecurity**<sup>57</sup>

You, as a kid at the CC, understand that you are in a landscape that is shaped by inconsistent support. You realize that you live in a good and also a “bad place [where] a lotta stuff happens” and things can change “in a split second.” You do not trust that the people and places around you will be available or responsive in times of need. You learn this from everyday experience and also as people tell you that support might not come. Caregivers, like Ms Abby, also realize that they cannot tell you that “someone’s’ gonna come help . . . [because] someone isn’t gonna come help.” Giving the message that support is coming is not realistic, because “that’s not what happens.” At the same time, you need support from your daily landscape, and need to stay connected to the distributed forms of security and care it provides.

The fact that the CC is an inconsistent, but not completely rejecting, landscape of care; and the fact that you, as a young resident, like other children, need access to care that extends beyond your home, compels you to continue seeking support from your surroundings. You, however within this landscape, seek care defensively and anxiously. Similar to children who are ambivalently attached to their primary caregiver, you learn to focus not so much on your own actions but moreso on the state of your caregiver

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<sup>57</sup> For the theoretical outline of a developmental theory of place attachment, see [\*\*“Place Attachment: Framing Developmental Connections” in chapter one.\*\*](#)

(Ainsworth 1969). You read place for signs of support and withdrawals of care. You focus on the characteristics of place, and wonder what it is going to be like today, who is going to be there or not, how the mood or vibe will be, and whether it will be peaceful today or drama like yesterday. If you are going to a place that formally offers support, you add to this list of worries: whether there will be enough time for you, whether the caregivers are going to be moody today, or whether they will like you or not. All this can make the caregiving experience “totally different,” and so you watch out for these things.

You start to manage for this instability and unpredictability of care. You follow the “rules at the CC.” These rules, the ones you would tell new kids who just moved here, are ways of being and behaving, such as “if you look at somebody ugly they gonna wanna fight you . . . You [gotta] keep walking and don’t stare at them.” You should “watch your back before you get jacked or jumped,” and “don’t bump people . . . because they might get mad at you and want to fight you back . . . but if they hit you, you should hit them back.” You have to “try to get along with people, and not get on people’s bad side.” You should not go out at night, or up the hill at certain times, and should be “aware of the stuff around” and know when to stay or leave, and where you can go or not go. For example, you should go to the BG or SmartKids, and by “that park down there” but not over there by the Charter, or by “that house . . . [because] that’s where all the fights happen.”

These rules that the kids are picking up on are part of the organized strategy they are developing in response to their inconsistent landscape of care. They, like kids who have insecure caregivers, use “hyperexcitatory protest” (Schorre 2008, 378) as a strategy

to maintain support. They “intensify signals” of help and “signal when stress is only potential” because they are not readily assured that they will get care from their daily surroundings (Cassidy and Berlin 1994, 642; Ainsworth et al. 1978). They have noticed that “being real real real bad,” acting out, and asking for help loudly or obnoxiously can get them attention and care. The “rebel kids,” they say, and “the bad kids . . . get special treatment,” and being angry, sulking, and sometimes even ghetto, can secure help when other forms of behavior are ignored (e.g., patience, following the rules).

They have also noticed that using “exaggerated immaturity” can secure help. Children who are insecurely and ambivalently attached to their primary caregiver often use this strategy whereby they exploit their “own weakness and dependence in an attempt to have [their] needs met” (Cassidy and Berlin 1994, 983). For the kids at the CC, this means saying they are dumb, they don’t get it, they can’t do it, they are weak in school—and doing so because they know that they live in the CC and people will believe them and may feel more compelled to help, is part of a concerted effort to use what they can to get the limited forms of support available. This strategy can increase the availability of care by getting them extra time with the teacher or on exams, getting tutoring places to offer help and for longer, and in generally getting help from volunteers who have limited availability but a lot of choice over whom to help.

Responding to contexts of insecure care often creates defensive coping strategies (Ainsworth 1971). Because care is not readily available, as a kid at the CC, you are also prepared to seek care aggressively and defend yourself, especially when you are far away from safe spaces or believe that no one is coming to your aid. These are the times when

“you gotta woman-up, man-up,” “fight back,” and show people that they can’t “be running up on you.” Being “a certain type of person,” the type that has won “two or three fights,” however, is specific in that it is a status that is tied to increased security. As this type of person, you assume a social role that sends the message that people should be “scared of you,” because you’re “not scared” of them, of living here, or of what you might encounter here at the CC. You are “brave brah.” You live in the ’19 and how to “be bad”—take off your shirt first, then start boxing ’em. You do not care if they are bigger than you. So what? This is the south side and you are from the ’19 .

Seeking proximity to an insecure caregiver can increase a child’s felt security because the caregiver becomes more available, although not necessarily adequately responsive. The same applies to place. Closeness to an insecure landscape of care, in this case via belonging/insideness, can increase one’s access to security and/or decrease your chances of facing threats. Being seen as *hood* and *tough* can mean that people are less likely to pick on or bully you; being *from here* can mean you are less likely to be targeted for crime or more likely to receive aid because you are familiar to the people and places around you; and being close to place and help you to build an effective support network, especially in circumstances when safety is dependent on who you are affiliated with, or when forming extended place-based ties can connect you to a network of support. Belonging/insideness can also increase your felt sense of security, especially if, like many of the younger kids at the CC, you believe that being “hard” and “tough” is the best way to resolve the problem of being scared and not knowing how to cope with the possibility that your daily landscape of care can be suddenly abandoning.

Seeking proximity to an unpredictable source of care is a strategy that, due to the pattern of inconsistent care, does not always compel support and can be harshly responded to (Cassidy and Shaver 2016). Closeness to place can similarly compel an aggressive response that threatens your safety or can lead to being denied care (e.g., not being selected for services because you are seen as a potential troublemaker and one of the bad kids). This drawback of seeking proximity, or in response to it leading to a denial of care, can compel some to operate at the other extreme intensity of response and withdraw from the CC or from particular places. You can become like Jess and “stay inside, away from people.” If so, you “don’t really come outside” and when you do, you engage passively and “just try to kinda like fit in with everybody and play what they’re playing and do what they’re doing.” Sometimes, rather than a generalized response to the CC, withdrawal is used when specific care places become threatening and you “don’t go there anymore.” On occasion, you might even show up at that place just to express your displeasure at how the place has changed, and then leave. Passive and aggressive behavior in situations of insecure caregiving can be used to signal dissatisfaction as an attempt to regain caregiving availability in hopes that this action will lead to a change (Bowlby 1982).

The kids at the CC, rather than disengaging from seeking care or responding randomly, have instead adjusted to their unstable landscape of care by developing a “coherent strategy of exhibiting heightened display of emotionality and dependence” (Cassidy and Berlin 1994, 983). When children’s behaviors become organized in response to patterns of caregiver interactions, then they have developed an attachment to

that caregiver. When that working model of care is based on an appraisal of support as inconsistent (sometimes attentive, sometimes unresponsive, harsh, or unpredictable), and on behaviors that seek care anxiously, with a persistent preoccupation about the availability of care, a lower threshold for distress, and the use of heightened emotionality as a strategy of maintaining caregiving availability (e.g., at times angry-defiant, clingy and sulking, passive and withdrawing), then the child has developed an insecure-ambivalent style of attachment (Ainsworth et al. 1978; Ainsworth 1971). The kids at the CC have appraised their landscape of care and developed behaviors of responding that reflect these specific patterns of an insecure, ambivalent attachment.<sup>58</sup>

Developing this style of attachment to the CC, Tina says, and being ready to use it because that's "the way things are over here," is what happens as you learn to "adjust yourself to the community." Having an insecure, ambivalent attachment to the CC means that you recognize that you live in a place where instability is an ordinary crisis, loss and the threat of separation is common, and because of this support is not reliably extended. In turn, you, through day-to-day life at the CC, have adjusted to this insecurity and attempt to maintain access to care and manage distress by being anxiously vigilant and

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<sup>58</sup> It is possible to have different caregiving experiences in different places, and to separate out these experiences or integrate them into a general working model of care about one's daily landscape. The scale of the CC is also important to note, as it is not too extensive in size and has clear physical and symbolic boundaries. The kids at the CC also have a narrower daily spatial mobility and have predominantly lived within the south side of Benson, and even more narrowly within a few of the south side neighborhoods. Even though many of the kids at the CC move in between neighborhoods, they live within similar and nearby places that are shaped by care imbalances and that offer inconsistent support.

primarily defensive.

### **Becoming Vulnerable**

Being prepared means that you are not only ready to respond with heightened emotionality, but also aim to preempt rejection, criticism, and loss of support by reacting first. Rather than wait for support to come, especially when you know it is limited, you shout for it first. You are someone who “asks for help prematurely,” who raise your hand aggressively, are vocal about needing help, and use anger to compel attention and care. Rather than wait to find out if someone or some place will extend support, you are prepared to maintain proximity to care by asserting your belonging to place. You make sure others know that you are from the '19 and are ready to “bully 'em back.” Because security is unstable and you are also scared, you reduce your anxiety and fear by staying “prepared. Self-defense.” At other times, when you sense that care may be denied or withdrawn, you leave and “quit on 'em” first. You withdraw and stop going, sometimes even before the situation or place turns threatening, because you have a “low threshold for manifesting attachment behaviour” and are ready to act at the hint of a threat (Bowlby 2012, 163).

Rather than waiting for criticism or negative appraisal, you judge back, retaliate first. “So,” you immediately snap back, “I did what I wanted,” “the teacher ain’t the boss of me,” “I don’t care about this anyway,” “you can’t help me anyways,” this does not matter to you anyways. At times, you preempt judgment altogether by detaching your effort from appraisal. You may have failed the test, but you “fell asleep” toward the end



and just put your feet up; you stopped midway because you “didn’t feel like reading anymore.” You were not even trying to begin with. You did not “take it seriously” so the results do not really count.

Using these responses demonstrates that you have adapted to insecure care, and have developed strategies that aim to increase your access to support and manage threats. These strategies, however, also produce vulnerabilities, one of which is that these behaviors can heighten anxiety and reduce, rather than bolster, ability to get support. Responding to unstable caregiving with defensive behavior can be misread and miscue support (Kobak et al. 2016). Angry and hostile retaliation, saying you do not care, and quitting and leaving can be interpreted that you indeed do not care about your education, academic performance, future life goals, or about the help you are being given. It can be perceived as a disregard for support and as a lack of motivation and effort. When many of the available sources of care are dependent on limited funds, on volunteer help, or on passion to make up for low wages and an emotionally stressful occupation, or are dependent on meeting achievement goals to remain open, these defensive behaviors can be responded to in ways that lead to further withdrawals of support.

These strategies of coping, even if they are initially understood as attempts of seeking care, can be draining for caregivers to experience and withstand, and it can also produce frustration over why this behavior has not changed over time or in response to the care being given. One reason, however, might be that even though the BG, for example, may be undergoing a period of relative stability, or Ms Sonya is bonding with you right now, you still live out your daily life within a landscape that is pervasively and

consistently insecure. Your behaviors may not completely change for the two hours you are within a particular space. The felt experience of care of that space may not be different enough to compel a shift of attachment. Moreover, attachment styles, once formed and organized, tend to remain active and continue to operate outside of consciousness (Ainsworth et al. 1978).

Attachment responses therefore are not just emotions that can be turned on or off, or feelings that are irrational or represent a hardness or willful contempt toward support. Rather, they are adaptive behaviors that develop in response to encountering a context and pattern of care. Unfortunately, however, insecure attachment behaviors that are heightened and directed at the source of care, can be misread as a withdrawal and disregard for care rather than as a signal and longing for increased assurance. As a result, support can become further withdrawing, such as when the tutor responded to Raul's anger by telling him to stop coming to school, and when River Oaks responded to Maria's attitude of not caring by wanting to test her for dyslexia.

Developing an insecure attachment to place, can also mean that you begin to doubt your self-worth. Appraising whether or not a caregiver finds you acceptable is a key way of evaluating how likely they are to provide reliable care (Bowlby 1976). Being inconsistently cared for, as a child, causes you to doubt whether your caregiver finds you acceptable. Morso, being denied can result in you assessing yourself as someone who is unworthy of support (Bowlby 1982; Kobak et al. 2006). In this situation, you not only become worried about being abandoned and being judged as unacceptable, but this anxiety and persistent rejection pervades your self-concept and plants seeds of doubt about your

self-worth.

Similarly, with place, being judged as socially acceptable—living up to social values and meeting the standards of worth—is a key form of appraising how cared for and about you are within a social space (Edmondson et al. 2011). As a kid in this CC, this means that appraising the likelihood of receiving care is tied to assessing whether you are perceived as a good kid and thus more socially acceptable, or valued. Within a context of unstable and rejecting care, you, therefore, become attuned to monitoring whether you are good/smart enough to measure up to being *deserving*, and thus being more likely to receive and maintain support.

You worry about staying within the realm of “smart” and develop ways of assessing your status. For example, you know that you cannot “miss much” on your homework, definitely not “more than 5” if you want your teacher and everyone to think you are smart. You use your phones to look up the words for a reading assessment not because you do not know them but because you do not want to risk missing too many and losing your status as smart. When Mr. Ely says, “Janet, it is okay, just get it wrong,” that is still scary, and Janet mutters, “what the fuck!” and sits there contemplating what to do because she is not sure if he means it, and if she will still be supported in the same way if you are no longer “one of the smart ones.” “You’re valued and you’re important,” Ms Abby says, that is it. This idea of being valued *with no strings attached* is the main message she tries to give the kids because they live at the CC, and their experience of place doesn’t provide this feedback.

Instead, like Khloe, you can internalize the message that you are valued if you are

good. You learn, as she says, that you have “be good all your life . . . and [then] everything will be good.” You are aware of this linkage to the extent that you may try to position yourself as good/smart in order to be seen as worthy, such as when Kayla first met me while I was doing an interview and introduced herself by saying: “Hi, I’m Kayla. I live over there [points to a nearby apartment] and I go to a charter school. My teacher said I’m *too good* for second grade so she’s been giving me third-grade work and started giving me fourth-grade, but I’m *too good* for *that* so she’ll be giving me fifth-grade work.”

One reason they hold onto this measure of self-worth is because being good or smart can mean feeling loved or avoiding punishment at home, getting help and recommendations for enriching opportunities not only at school but from other support spaces around, and being able to receive care that extends the capacity of their daily landscape: “That’s what I tell Chris,” Ms Stephanie says, “all that with people coming around is cuz you’re a good kid. When people call and do things [for him], I let him know that it’s because he’s a good kid. And if they show up and he’s got two other people with him and he’s trying to bring ’em along, they’ll say, Chris, I see you got *company*. And I tell him, you gotta be careful about the *company* you keep.” He’s got to, she adds, keep “bringing home A’s,” otherwise “all that” will fall off.

Being viewed as a good/smart kid becomes even more significant if it is linked to the type of support that can ensure survival. The more you view your social unacceptability as life-threatening, the more fearful you become about this appraisal and about monitoring your landscape of care. Because you live at the CC, there can be a

tangible link between being deserving and being safe. You are aware that the kids (and families) that are viewed as good can be given leniency and receive warnings rather than evictions. Being a good kid can also gain you access to fundamental support services that, unfortunately, become even more discretionary in times of limited supply (e.g., food aid, housing and school admissions, transportation passes, referrals for doctors, mental health services). Being judged as a good kid within the CC, and thus measuring up to the standard of worth, can provide you the kind of support that keeps you from becoming homeless, hungry, ill, and even more in need of care.

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Early and chronic exposure to inconsistent care is habit-forming. Developing an insecure and ambivalent attachment is a habit—an affective and cognitive behavioral pattern—produced through coping and adapting to a context of unstable support.<sup>59</sup> Because it is an orientation that is rooted in uncertainty about the availability of support, it is an affective mindset that signals that you should stay alert and prepared. As a result,

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<sup>59</sup> It is important not to conclude that an insecure-ambivalent attachment is tied to poor or marginalized neighborhoods. The specificity of how care imbalances shape the pattern of caregiving, the pervasiveness of this pattern within the landscape, as well as how children respond to this caregiving experience of place, will influence the attachment styles that form. These attachment styles, even within a marginalized landscape, could range from secure to insecure (ambivalent, avoidant, or disorganized). A key assertion, however, is that children's daily landscapes provide important caregiving functions that are responded to affectively and cognitively in ways that can produce attachments bonds. The implications of these bonds can influence how young people view the world around them as more caring or threatening, aim to engage in and seek support through place, and perceive themselves as generally capable of getting and deserving of receiving care. It is also important to note that places, as communities wherein care is distributed, provided, or expected (neighborhoods, schools, colleges, cities) play a role in enhancing or creating vulnerabilities within these fundamental aspects of self.

insecure attachment increases the risk of developing anxiety (Bowlby 1976). It can produce a generalized and persistent anxiety that, along with emotionally heightened coping mechanisms, makes it difficult to regulate and tolerate stress (Schoore 2003a; Warren et al. 1997). The onset of stressful situations (particularly new developmental challenges and adapting to new environments) more quickly and intensely elicits fear and insecurity (Kobak et al. 2006), and a sensitivity to signs of rejection and negative appraisals also develops. The combination of being less able to alleviate stress and more prone to negative affects makes it harder to bounce back from distressing situations. In other words, it becomes more likely to experience depletions of self, such as impaired self-esteem, depression, internalizations of self-doubt and criticism (Schoore and Schoore 2008).

Situations that are the most challenging become those that threaten your self-worth and elicit a need for care. Living within a stigmatized landscape where a shame-based hierarchy of good-bad is dominant and care is inconsistent, produces this type of anxiety on an everyday basis. Such a situation exerts multiple pressures on the process of envisioning and striving toward high aspirations. The availability of care is weakened by the instability of place, which makes it challenging to believe that you will get the consistent support needed to reach your goal of becoming a good/smart kid. You become anxious from the pressure of having to take on “more than optimal responsibility” for managing your own security, not knowing when support will be denied, and wondering if you are good/smart enough to be deserving of care. You therefore face contingent threats of not having adequate support, not knowing if you are the type of person that can secure

social support, and having to cope with the rejection of being denied care and judged as unworthy. Your anxiety is elevated, at the same time as the pressure to become good and avoid the shame of being bad/ghetto is building, and as the pressure to stay good and smart enough to be deserving of care also deepens.

You are striving to attain the goal of becoming successful and make it within a feedback cycle that continually creates and exacerbates threats—you do not have consistent support, which heightens your anxiety and weakens your self-worth and confidence about being able to become a good/smart kid, at the same time as you need to be assured that you are good/smart enough to be deserving of support and to access the help needed to reach this goal, all while contending with the stigma of place and wrestling with the internalizing of negative judgements associated with being bad/ghetto. This is how the CC, as a place, becomes formative. In a landscape where care is produced to be unreliable, loss is expected, and anxiety and shame over being appraised as good or bad is constant, self-confidence and self-worth become vulnerable to dispossession. The ensuing struggle over repossession and bouncing back becomes the defining challenge of their early lives.

## Chapter 7:

### Who's a Smart Kid?

It is the last day of school, and the elementary kids are streaming into the CC, running up the hill with their clear plastic backpacks bouncing up and down. They are usually chasing after each other, finishing pretend play fights, yelling out nonsense, and singing the latest songs. But today is different, because they got their results back. Jay and Matt run up to me first, saying "I passed fourth grade!" "I passed fifth grade, look, look!" I see Charles and he tells me he passed. David comes up next and I tell him, "You're going into sixth grade, right?" "Yeah, I passed my test," he says, "how'd you know?" "I came to the River Oak's graduation and I saw your face on the slideshow," I say, and thinking to myself that he was at the "promotion ceremony" so why would he not be going to sixth grade. "I was all over that slideshow, they showed my face the most!" David says. "They really did," I reply.

Aisha walks up near the end of the pack because she still had on her leg brace. When she got to me I ask her, "You're going to sixth grade, right?" because she had also been at the fifth-grade "promotion." She pulls out the test envelope she is clutching, lets out a deep sigh, and says, "I don't know. I didn't look at the bottom." "Why, are you nervous?" I ask, noting her distress. "The top was good," she says, "it was excellent." "So you should be fine," I offer, encouraging. She shrugs her shoulders, motioning "I dunno," and stands there by herself, just holding onto the white envelope, long after I walked away.



Aisha had worked up the courage to look at the results and read the first half, which were “excellent.” But she stood there and could not let herself believe that the second half would continue to be good. She was prepared for the results to turn, and for her not to graduate. My reality of excellent begetting excellent did not match hers. Instead, excellent meant who knows what could happen next: failing was still a possibility. For something as significant as moving on to the next grade, she was even less assured that the outcome would be favorable.

To have the confidence that she did well enough to pass, and graduate to sixth grade, would be to discount the history that says unpredictability and ongoing loss is the norm, and to hold back the reminders of messages that some people do not pass fifth grade and that many people start out doing well and then it turns. To have confidence that she did just as well on the rest of the exam also means believing that she is one of the good/smart kids.

“Who are the smart kids?” I ask. Mary says, “Kiana.” Eva and Selena say, “Matt.” Paloma says, “Lucia, Gabe, Erica,” and Maria says, “Tia and Bryan.” If they do not name names, then the smart kids are the ones that “earn an A, and an A, and an A,” and are always good. They, Khloe says, “are Bryan, Talia, JR, and me. I never [get] F’s, I’m always . . . good.” This makes Khloe rare. What the kids at the CC do not do is put themselves in the smart category. Instead, they name the two or three unquestionably *good/smart kids*, and then list reasons why they are not one of them. They will say it is because they do not make all A’s. They get a few F’s, act bad sometimes, are “bad at writing . . . and bad at processing.” They “did bad in middle school” and are not good at

the last part of the three-part essay formula, or someone once said they might be dyslexic and they had to take that one test and now they get extra help and stuff. Or they are in Mrs. Adoni's class which means they "can't read," and in second grade they went to the other teacher, the one all the kids who failed got sent to. And they are weak because they get to use a calculator in class.

"How come you didn't put yourself in the smart group?" I ask Maria. "Because I don't think I'm smart. Cuz I dunno . . . I barely passed it [a practice assessment test]; you're supposed to be 80 and above and I got right at 85, I barely passed it." That is not good, she adds sheepishly, "not for me, I'm supposed to be doing like a 90 or something." Many of the kids at the CC, like Maria, do not think they are smart. They are not sure that they measure up to what it takes to be one of the good/smart kids, the few that are not like most people around here.<sup>60</sup>

"I only have maybe a few kids that probably would genuinely say, 'I'm smart,'" Ms Grace tells me. "Maybe one definitely comes to mind," she adds, and "like [maybe] three kids of all the ones I have that would actually say, 'I'm smart.' The rest of them, if I asked them, 'Do you think you're smart?' They'd be like, 'I don't know.' That would be their answer. Or just straight-up no." Ms Abby agrees that her kids do not think they are

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<sup>60</sup> There are, in many schools, neighborhoods, communities, usually the handful of people who are recognized as "smart," the most precocious, the best. The difference here is that this standard of adjudication, which is already reserved to the few, is the primary yardstick of achieving self-worth, and it is narrow and shaming. Not being in this group puts one at risk of becoming bad, rather than just not being in the top percentile. It is the narrowness of the marker of success and its association to being valued or flawed, with little room in between, that gives it such significance.

smart, “except for Desiree.”<sup>61</sup> Even the ones who get good grades—like Isadora may not think she is smart, and “like, in second grade, . . . you’re not even getting letter grades yet. They get four numbers. They get 4’s, 3, 2, 1.” “They still don’t think that highly of themselves,” Mr. Ely says of his freshmen, even the ones in his Pre-AP class, he adds. “Really?” I say. “Yeah, I’ve asked them about their self-concept and they’re like, ‘I’m stupid.’ I’m like, why, *when is it that that thought gets into your head.*”

At the 2014 graduation from Marshal High, Stephen in his salutatorian speech spoke about how he and his peers fought to make it to graduation. He told his class, “we fought through adversity, obstacles, but we emerged victorious . . . like Albert Einstein said, ‘everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.’ . . . [So] don’t let any test grade or class convince you otherwise.” He went on to tell them to keep striving in the face of negativity that assaults their abilities, and messages that tell them that they are “less than.” Stephen tells them this because he knows that people think of them, their school, neighborhood, and the south side as ghetto, and that these evaluations matter. He tries to disengage their sense of self-worth from negative appraisals by saying that the judgements are faulty barometers. He does this because he knows how much these

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<sup>61</sup> Everyone says that Desiree is “gifted” and precocious. She is one of the few who get this message so that it becomes consistently reinforced. The other ones who say they are smart, like Rachel, know because “I’m the smartest one in my class.” Or like Sherrie who says it is because she gets good grades and always finishes before everyone else, which makes her feel “like I’m better than them. (pause) I am!” They are in the group of the few whom everyone acknowledges are smart and become escalated to an assured status of making it.

judgements are internalized and act as blows to their self-confidence.

The everyday messages, reminders, and feedback they experience feel just as significant as the big assessments like state tests and passing on to the next grade. Both matter because both serve as benchmarks of their self-worth. It is also not just that they get the message that they are good/smart or bad/ghetto but that the inconsistency of the messages can create greater uncertainty (Bozick et al. 2010). They remember their good grades and the affirming moments when a teacher compliments them, when a parent is proud of them and comes to their neighborhood theater play, or tells other people that they are college bound. They remember when they try out for and make the dance team, land the skateboard trick they have been working on all week, and when they finally get to go to “the store” for the first time because they did not get a warning or get sent home. But because they are attached to a stigmatized landscape that delivers inconsistent care, they are also sensitive to and hold on to the negative judgments.

They notice that “the math teacher when he’s teaching and has a question he always asks Daniel . . . he thinks he can only ask him because we’re like all dumb or something and I’m like get outta here . . . it makes me so mad.” They remember the time someone asked a question and the teacher said, “you might as well be back in slavery time.” And they start to think that maybe they are not smart enough to be an accountant, and there is the fact that they go to Marshall High so if they are not good enough for here, then what. They think—perhaps rightfully so—that the firefighters who came in for a demonstration are asking them dumb questions because of where they live. That the neighborhood kids are downstairs and the smart, magnet kids upstairs. They are aware

that they face “the negative shadow of what it means to come from [the south side].”

They ask how they did compared to other schools and it matters when they did as well as Benson High and Westpark but not if they only did as well as Rebel High and Davis. They know that people look at their school and them and say, “uhh, dumb,” and if they go somewhere else, somewhere better, people might look at them and “think you’re a dumb ass.” Because they are coming from Marshall High and coming from the south side of Benson.

The inconsistency of messages means being smart is continuously thrown into doubt. I am with Bianca at her house, and her mom tells her that yes, she is headed to college. Her mom turns to me and says, “she’s smart and she does her work and she’ll be going to college but not if she keeps living *here*. Cuz she’ll start following people and doing the wrong things.” “I’m not a follower!” Bianca screams, suddenly dejected. “I don’t follow people!” C’mon, she motions to me and angrily storms out of the house. This time, it is Bianca’s mom, echoing the stigma of place, who delivers support and then takes it away. Other times, it is another aspect of daily life that threatens to dislodge her self-confidence.

Mary explains that sometimes she needs “extra, extra help” and she does not get it, so she “just give[s] up.” But when she realizes what she did wrong, she can fix it and “just start doing it right.” The kids face a struggle over confidence in themselves and in believing they can get support from their daily landscape when they need it. A lot of them, Ms Abby says, “just don’t have a lot of confidence.” Instead, they have “a lot of doubt” and have “to be reassured on everything.” They just, Ms Munoz says, “still leave

[Marshall High] without self-confidence.” Even though the school was up and down, it still provided some “sense of stability and comfort” within their daily lives. So when faced with losing this, “they start breaking apart like they’re just so scared . . . They don’t have that self-confidence” and they are worried about what is going to happen next, and what they are going to do with their lives.

Some of them, Mr. Malone says, “straight up . . . don’t believe in themselves.” “I’m not a preacher, but I preach to them all the time, [that] it’s about being confident in yourself. You must believe in yourself, you must believe in your abilities and you must think you are just as good as a student going to Benson High, Westpark, Redford, or any other high school.” “Have you watched somebody make that transition into believing in themselves?” I ask. “Yes, *two*.” he flatly replies. *Two*. And those two, he says, were honestly believing in themselves “just enough to get to the high school diploma.”

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Lack of confidence in self and the ability to get support can lead you to wonder if you are even good enough to attain a goal that is proving increasingly painful to reinvest in. “I want kids like Raul,” Mr. Ely says, to feel like they have options, at this early stage. “I do not want them to feel committed to this sort of fatalistic notion that he has about himself, that there are only maybe two things he’s good at. He’s okay at Math and he’s good at Drawing, and that’s it. And that’s his concept of himself.”

Raul is in and out of school. Most days he does not do any work at all. He sits at his desk, head bowed downward, and when he makes eye contact it is typically with disdain or anger, or at best a reluctant acceptance. But he watches everything. Near the

end of school, he wrote Mr. Ely a note that said: “Hey Mister, I think you are a really great teacher, even though I didn’t do any work for you all year. Sorry.”<sup>62</sup> A few weeks before he wrote that note, a tutor, likely in a state of frustration, got angry, and in an instant completely withdrew his support.<sup>63</sup> He told Raul, don’t come to school anymore, you’re wasting your time, and Raul stopped coming for a long time.

Being within a landscape of care imbalances, stigma, and shame makes you prone to depletions of self. It makes it hard to bounce back, and to get to a baseline<sup>64</sup> where you are simply striving rather than still recovering.

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<sup>62</sup> When he told me this, I responded, “Oh my god. . . . I feel like that one should be framed and people will not understand.”

<sup>63</sup> The kids who push teachers the most are often the ones at their own breaking point. Sometimes they are waiting for confirmation of their negative view of themselves, so they can relinquish the pain and vulnerability of striving.

<sup>64</sup> This baseline is often referred to as achieving an internal homeostasis. It is a baseline where one is not anxious or hypo- or hyper-aroused and can calmly and effectively process and learn from experiences.

## Chapter 8:

### Middling

Living here, Mr. Malone says, means you need to “get that education, go on to secondary, get a college degree, or some type of professional certification, and then the world is at your fingertips. But if you stay here, if you don’t start to visualize that I can go to college or I can get this type of job, it’s not going to change. You are going to, unfortunately, do what your parents are doing. Going to go and apply for government aid. You are going to live in the projects. Then your kids are going to go apply for government aid and going to live in the projects because no one has ever taken the time to . . . make you believe that you can achieve the same goals as anybody else in [Benson].”

This is the dilemma. Because you live here, you get the message that you are starting out on the other side of good/smart. But yet, because you live here, you get the message that you may not have the support and opportunities you need to become more than you are right now, and to get elsewhere. If you are pushed along and pulled back, pushed along and pulled back, do you end up staying in place?

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Going to college, the key destination for good/smart kids, is on some days firmly held onto, like when Kevin says, “I’m gonna graduate for sure. I’m gonna be the first person on my dad’s side to graduate [high school].” At other times, it swings violently in the other direction, like when Aaron sneers at the word college and says, “I’m not even



thinking of graduating [high school].” A lot more of the time, when they are being honest, they will say, “I dunno”—I dunno if it’s for me, I dunno if it’s even an option; and, well, the people around here, “pretty sure they’re not gonna go to college.” “One of the things about this place,” Mr. Ely tells me, and “I worked in the lowest performing school[s], [but] here the kids do not think college is an option for them . . . And I do not know what it is about the [area] that is creating that thinking. I think so many of our kids say they are not going to college that teachers and staff just start to think, well, maybe they cannot. Mr. Walker tells me after the seniors leave advisory, “I try and get them to think about what they’re gonna do after high school. Because for you, [looks at the seats], college ain’t for you. Maybe in 3–4 years when you figure out what you want to do. I ask them what they’re going to do, and some of them are like, Mr. Walker, what is there to do, I ain’t going to college. Cuz they say they’re going to college but it’s just something they say.”<sup>65</sup>

The kids at the CC say they are going to college at the same time they say they are not going to college, or they dunno. They hold contrasting options in their minds, and the struggle becomes figuring out what future self to hold onto. What story of self, through place, becomes safe to envision and invest in?

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Ambivalence is the experience of having simultaneous conflicting feelings and

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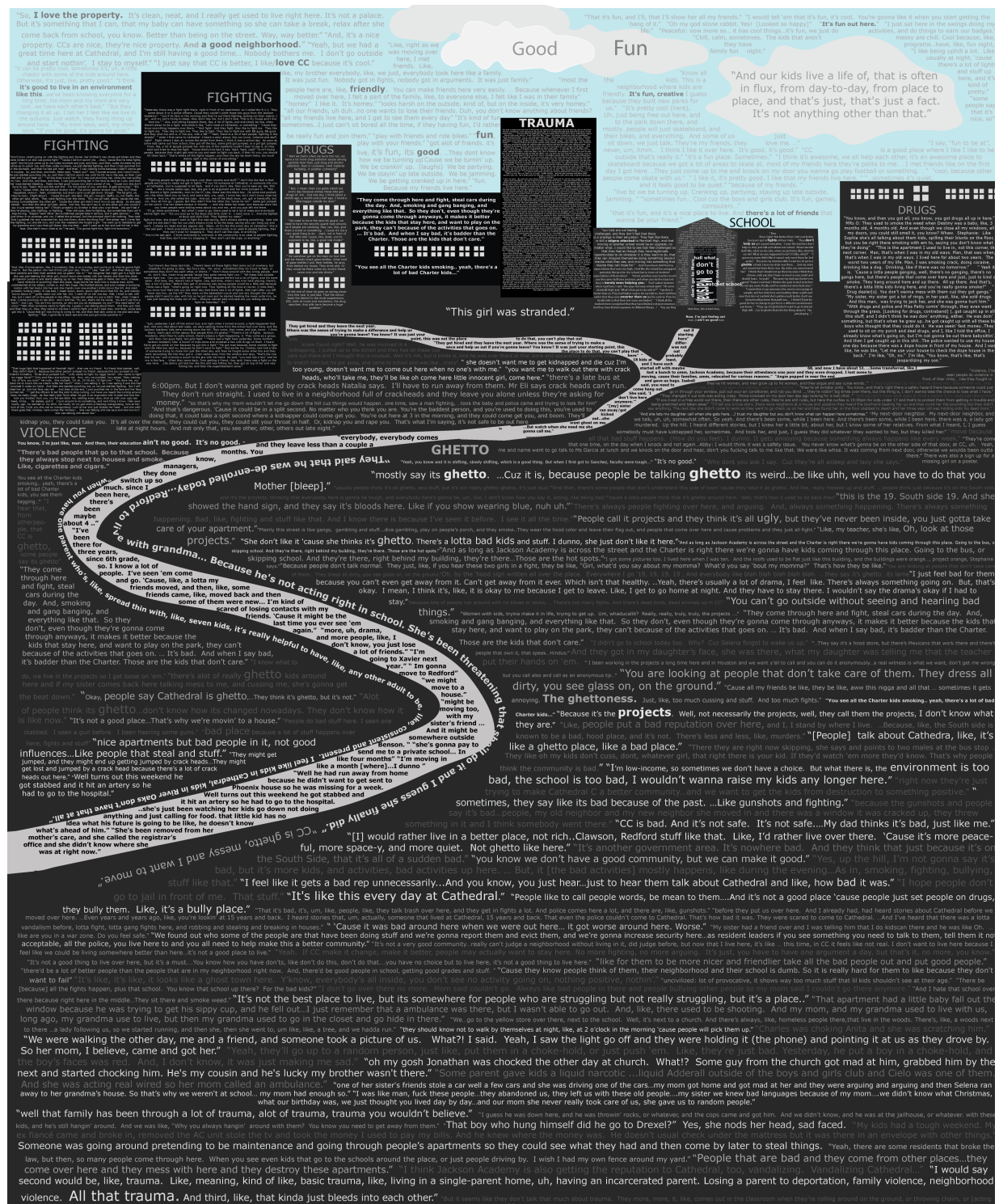
<sup>65</sup> This is also “true.” When asked officially, or by visitors, they toe the line, and repeat college, college, college. But in the presence of those who are more familiar, the majority of kids respond with uncertainty.

beliefs toward something. It is a state of holding onto both positive and negative emotions in a way that generates mixed feelings, uncertainty, and indecisiveness. Ambivalence can become an orientation and a mindset.

Learning to hold ambivalence in your mind, means you chuckle when you hear Desiree exclaim, “a tragedy has happened . . . I looked and there are no more baby mouse books at the library!” And then, you go back to coloring, and nonchalantly mention that your dad “was shot by the police when he was stealing something,” and your mom, “the police are on her back.” It means you might be playing around, having fun, and very quick, like real quickly mention that your mom’s boyfriend abused you. It can be the type of day that is ordinary, and then you find out that your mom is dying, and it goes back to being ordinary.

You are both happy and burdened, and striving to succeed but “with ten more challenges” than kids who live elsewhere. The challenges, however, are not random. Many of them stem from the geographical fact that you live in the CC and it is on the south side of Benson. As the joys and “bullet of everyday life” fall, they do so unevenly. Day by day, the image of the CC, and of the surrounding landscape, accumulates in particular ways.

Figure 9.1: Home Topography



Illustrated by Kati Tasker

The landscape that emerges, and takes shape as a result of care imbalances, is one where the atmosphere of ghetto and bad hangs, as does the expectation of violence. The steady ebb and flow of fights is peppered with traumatic disruptions. The volatility is suspended, interwoven by the stabilizing experiences of fun, friends, and the kind of good times that come from knowing how to hang around (“we be turnin’ up. We be crankin’ up.”). It is a landscape where stigma confronts you. The messages of whom to become, what is valued, and what to aspire to are firm, hierarchal, and conveyed through place. To be *of the neighborhood*, and *still here*, is to have suffered failure and shame.

[illegible]

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The pressure of place is felt. Heaviness. Don't be bad. Don't be ghetto. Don't be like people around here. Get out the hood and don't go to jail, be a deadbeat, do nothing with your life, jobless, living offa the government, and stuck in the projects. If you live here too long, pick up too much of this place, you are likely headed toward being bad. You might not make it out the hood.

The relationship between self and place that emerges becomes fraught and insecure. It is shaped by the type of insecurity that confirms that support is unstable and that one needs to be socially acceptable and worthy in order to be cared for and about.

Figure 8.3: Attachment Topography



Illustrated by Kati Tasker

As the kids in the CC develop a relationship between self and place, their daily experience of instability, stigma, and care imbalances is being absorbed and affectively and cognitively organized into a way of relating to their daily landscape based on expectations of care and support. This experience of place, through care, is internalized as an insecure and ambivalent attachment, which becomes externally expressed as an anxiousness about being able to access support, a heightened and defensive orientation to seeking care, and a sensitivity to negative criticism and judgments. The latter can be displayed as a low tolerance for encounters that threaten one's self-worth and result in a preemptively angry disposition, an anxious preoccupation with failure and rejection, or an inclination to quit or disengage from being evaluated. The insecure attachment, once internalized, also continues to deepen inward.

The image of self that the kids at the CC are developing reflects this chain of how stigma and care imbalances produce a landscape of unstable support that is felt as a rejecting place of care, and subsequently internalized as an insecure-ambivalent attachment. This attachment provides a defense against insecurity but a weakness to negative affects and depletions of self.

[illegible]

Illustrated by Kati Tasker



This image of self through place is accumulating around disconfirming perceptions and is notably sparse. It is largely shaped in response to the internalization of the dominant measure of self-worth and prevailing way of getting support, which is assessing whether one is good/smart or bad/ghetto. There is a blankness of alternative characteristics of self, derived from this assessment of one's self-worth through place. This emerging image is also clouded by the doubt of measuring up to being smart, accumulated from the daily experience of a landscape that creates ongoing negative appraisals and threats to one's self-confidence. This image of self is also shaped by negative perceptions that are declarative but both sparse and vague. The reasons they are "not smart," "not good," and "gonna fail" is simply "because," "I just am," or "I dunno." There is a blankness of explanations for this negativity. This blankness is not simply because they are reluctant to share. They give this explanation often, and over time, and it appears puzzling to them and also frustrating to those who are trying to care for them.<sup>66</sup>

One of the reasons these negative appraisals may feel puzzling is because they could be self-perceptions that are shaped through an insecure attachment to place, but are not recognized as such. Particular perceptions of self can appear vague if they have been shaped by "attachment-related feelings" that have become "cognitively disconnected" from the caregiving contexts from which they emerged (Kobak et al. 2016, 39).

Children, Kobak et al. (2016) explain, may have not gone to school because they

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<sup>66</sup> Those who have worked with the kids at the CC—long-term teachers, counselors, mentors—also report the same findings. Even in situations where the adult-child relationship is deepest, the same information of *I just am, that's just who am I am*, or *I dunno*, or *because*, is given.

wanted to remain near their parents in order to maintain their caregiving availability or they may have been kept home because their parents were deriving emotional regulation from them.<sup>67</sup> If however, the child “suppress[es] the[se] memories of attachment disruptions in order to reduce painful feelings,” then later on, these reasons why they missed school will also be suppressed (39). If emotions associated with attachment threats are “shut away from further conscious processing,” they no longer serve as signals that facilitate self-understanding and interpersonal adjustment, and instead become symptoms that appear puzzling and problematic (Kobak et al. 1994). Rather than incorporating the attachment reasons that kept you, as a child, home from school you might instead think you were the type of child who just did not go to school, just was not good at school, or did not care for it. The circumstances that produced the outcome of a poor school attendance and performance is incomplete or “missing,” and the outcome can serve as the rationale—you were just poor at school.

If caregiving attachments to place are recognized and seen as producing secure and insecure attachments, then a similar process may be occurring. The kids at the CC are largely being evaluated and basing their self-efficacy and self-worth on whether they are good/smart or bad/ghetto. They also often receive or are denied support on this evaluation. A key aspect of their insecure, ambivalent attachment to place stems from this adjudication and its caregiving implications. They are, for example, assessing whether

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<sup>67</sup> Some caregivers, if they have insecure attachment styles of their own, can reverse the relationship with their children and use them as a source of regulating their stress and anxiety (e.g., keeping them home for support rather than sending them to school).

they are good or bad based on the outcome (“I’m on blue today” or “I got sent to ISS [In School Suspension]”) and not the feelings associated with the experience. They are not, Ms Abby says, communicating that they are “starting to feel really frustrated or triggered,” and instead are disconnecting from the emotions and from being able to “better figure out a way to cope.” By the time they “get to be about Jessica’s age” (13–15 years old), they are just saying, “I don’t know,” and not “naming” or connecting with what is making them think they are good or bad.

As Kobak et al. (1994, 280) explain, teenagers who have insecure, ambivalent attachment styles can develop a mode of self-reflection that “systematically restrict[s]” attachment information. They suppress this information, perhaps due to experiencing painful emotions or the cognitive and affective weight of being anxious and constantly “anticipating and preparing for possible negative responses” (283). As a result, they have less information to engage in self-reflection with, and the data of self that they have is biased towards negative self-rumination. As a result, they have fewer alternative (and perhaps also positive) points of self to consider and they may be unable to “provide adequate or believable responses” when asked to engage in self-reflection (280).

Taken together, these factors mean that when teenagers adapt an insecure-ambivalent attachment to the CC, they are also becoming prone to using disengaging strategies to combat threats of caregiving rejection, experiencing confusion over feelings related to caregiving unpredictability (e.g., sulking as unconscious resentment and misplaced anger), and conflating the spectrum of underling emotions (e.g., frightened, agonized, confident, frustrated, lonely, pained, relieved, regretful, optimistic) with the

narrow states of being good or bad. You are also more likely to be anxious and preoccupied with managing and intercepting threats. As a result, you are likely restricting or are unaware of attachment-related information, which includes the rationale that is accompanying the sense of self you are developing, particularly the affective reasons. Because this insecure-ambivalent attachment is formed in relation to place, the information and emotions that are being disengaged from are those that facilitate an understanding of the self that is being shaped in relation to place.

Over time and place, you can begin to cognitively disconnect the experience of not going to get tutoring help from the cause of feeling anxious about securing your safety in these spaces or from your grief about losing caregivers in those spaces and also mourning their cycles of closure. As a result of suppressing these attachment-related feelings, your rationale for not getting tutoring becomes incomplete via omission or suppression and perhaps also more self-blaming—"I dunno, I just did not seek tutoring and did not care about passing." You could, similarly, disconnect your withdrawal from specific classes or more challenging opportunities from your fear over the availability or denial of support, or disconnect your reluctance to really try on achievement exams and performance evaluations from the inability to regulate stress over the thought of being judged as a bad kid and the ramifications this entails.

When the older kids at the CC (16 years and up) engage in self-reflection, they may therefore offer an incomplete or sparse reason for why they are just anxious about going to a new environment and not connect this to the first question they always ask, which is "what happens if I need help." They may think they just are not smart or good

and not connect this to a self-assessment that becomes more influential as performance exams approach or in relation to someone suggesting an aspirational goal that is tied to needing to be good/smart enough and needing consistent support to achieve (e.g., “you should be a teacher,” “you could really be a writer”). Being insecurely attached to an unstable landscape of support can disrupt the self-understanding that is derived from examining *who you are* through wrestling with *where you come* from, and being able to fully examine the experiences that are shaping this self through place.

This emerging vision of self, characterized by a sparsity that tilts toward a vague negativity, is also shaped by doubts stemming from the fear of loss. Part of the everyday experience of living in the CC is the message that one can try, and one can even make it, but then still suffer the unpredictability of loss. You carry this affective instability within you. It can come up, when, for example, you want “to stretch” your academic abilities and take an advanced class, but think what if you experience a setback that is out of your control and jeopardizes your ability to “keep up.” You are already worried about being able to maintain your current level of support, and you are not sure what might happen if you need more help. Where would turn to for this support? The kids at the CC are thus afraid not of trying, but rather of losing the ability to maintain their achievements. A palpable fear is being on the way to making it, getting to college, and then needing support. Where do you turn, and what if you look and find out you “don’t got nobody to be by [your] side”?

When the kids start breaking apart from the preoccupation with loss and the withdrawal of care, the usual calming advice is that “we all fear the same,” and that you

are just as smart and deserving as everyone else. “They put their pants on one leg at a time, just like you,” and you will do well, and if not, then you will find help, especially if you “start advocating for yourself.” This, however, is the moment that is extraordinary. It is a message that is infrequently supported and an orientation to everyday life that is contradictory. The accumulation of experiences and messages derived from living in the landscape of the CC says otherwise. The impression, rather, is that even if you try and try, you could make it, and then “you might not even get the job that you want.” You could attain your goal and then have what you worked for “taken away,” and you are afraid that you “can’t handle that loss.” You have suffered so many losses that the idea of investing in a dream immediately provokes caution because of the associated thought of loss.

Loss can produce grief and mourning that impair the capacity to function. Experiences of loss can create a marked depression or more general downshift (withdrawal) of functionality. Subtle losses can create grief, and secondary losses can be common (e.g., losing a home can be accompanied by loss of social support, status, and more). When losses happen close to each other, or without enough reprieve, they can be experienced as connected and create a more prolonged recovery or more intensified symptoms. Being in a situation where losses are expected, and are expected to deplete support and caregiving, can create a shift toward cautious engagement or greater consideration of withdrawal (Cozolino 2014), particularly if the risk of loss, or the need for sustained support, is high.

A pattern of loss is associated with the development of insecure-ambivalent

attachment (Bowlby 2012, 1982). This pattern is also associated with increased vulnerability to perceptions of inferiority (Cassidy and Berlin 1994). These coupled risk factors mean that those with insecure-ambivalent attachments have a greater level of doubt about their performance in social-status competitions and a greater tendency to withdraw from these types of evaluations, which pose a high threat to self; and they tend to feel negative affects, and to potentially deflate their self-worth (Irons 2014). This reluctance to engage manifests as an inclination toward discounting one's self from status-based competitions, or from actively pursuing such "purposive goal-oriented" ambitions (Cassidy and Berlin 1994). To be clearer, the insecure-ambivalent attachment that was produced in relation to an unstable landscape of care can contribute to using ambivalence as a cautionary strategy of engagement and a guiding orientation to envisioning and planning one's life. The experience and expectation of loss, self-doubt, and threats to self can compel a protective but passive withdrawal that manifests as an ambivalent, or middling, state of mind—a state of staying suspended and in between action and choosing a purposive direction.

To Mr. Walker, this ambivalent state of mind looks like a withdrawal from aiming high and a lack of motivation. The kids around here, he says, "don't have a sense of agency about graduating high school." "They are okay thinking small." They just plan "six months to a year, that's how far they think." Ms Munoz echoes, they just "don't think that far." To Hallie, this ambivalent orientation represents a strategy that is not so much a lack of planning but rather staying in a state of *going along with*. She is not fully committing to following the path toward being a good/smart kid, or disengaging from this

goal. She does not see herself as a bad/ghetto kid and has not accepted that her future options are limited or that they will result in the likely possibility of being stuck in place. She instead says that sometimes she gets “a bunch of Fs,” but that she is “an A student, but not that much,” so when it comes to planning what is next, she just “make[s] up a plan” as she goes. She is more following the “flow that’s going around here,” and is not really deciding too much about that (being good or bad).” Instead, she is just making up a plan as she goes along with it.

For Bianca, going along with is characterized by a similar sense of ambivalence and suspension. She says that kids here should not grow up and still be “here in the ghetto.” Everywhere she goes she hears that she should be “smart and not dumb,” and “blah blah blah college.” Sometimes she will say, “I’m smart” and college bound. Other times, she says, “[well,] I could graduate college, but I just gotta graduate high school.” Other times, like after she found out her middle school was thinking about testing her for special ed., she will say she does not know about college. Maybe, I dunno. She is constantly holding onto all of these options and is struggling to figure out which future self to invest in. Should she hold onto her original and purposive plan of college and a future that lies beyond being “here in the ghetto?” To do so, she will have to leave herself open to being appraised, knowing that sooner or later she could encounter another disconfirming assault and not know whether she will be able to address this threat. She will have to take care of herself more and keep reaching out for help, even though she knows it may not be there and may be abandoning right when she needs it. She could instead fall back to a defensive position that prevents against losses of support and care



denials, and blocks out some of the stigma and shame, by just “graduat[ing] high school.” Or she could stop caring about all this and stop worrying about doing well enough to keep getting passed up (advancing to the next grade) and just be “real bad” because she is tired of it all (“blah blah blah college”), and like her friend says, “people at Cathedral [still] make money.”

In such a situation where your possible, future self needs to emerge through place, and through the landscape of care imbalances that is the CC and through your insecure, ambivalent attachment to it, then it can be protective to adopt an ambivalent state of mind. It can be protective to be “middling” and suspend the directionality of committing to a pathway. In such a state, you attempt to control for both hope and loss. You do not invest in a goal that exceeds your ability to assuredly plan, or overextend your capacity to get support. You, as a kid in the CC, stay prepared for denials of care. You stay in a position that enables you to guard against negative appraisals and threats to self because you are not fully engaging in this process of good-ghetto adjudication. You are, instead, middling and ambivalent.

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Many of the kids at the CC say that they are “kinda good, kinda bad.” They are “back and forth” but mostly “halfway, halfway.” Being in the middle is protective in that in this position you can still be “something good.” You are also less anxious about navigating daily life and managing caregiving experiences and moments of potential criticisms based on wondering whether you are on the “good side or the bad side.” Adopting a middling orientation about one’s future self can provide distance from having

to contend with an unwanted vision of self that you fear may be transpiring. It can provide a way to dampen negative appraisals and feelings of rejection and loss.

Middling also allows you to manage an insecure attachment to place in a way that enables you to defer figuring out where you are from, and thus hold off on contending with the narrative of who you are becoming. For the most part, if you do not want to be “of the hood” because that represents bad-ghetto-failure, then you need to reclaim this place in ways that are affirming or “find another more suitable” place to root your narrative of becoming (Proshansky et al. 1983). But where is that alternative location?

Do you destigmatize the CC and disengage from the dominant form of evaluation (disavow being a good or bad kid) or re-engage with resolving the status of your current trajectory—are you from here and headed toward becoming good/smart and making it, or not? The latter means re-engaging with the pressures, rejections, and care imbalances that are creating daily challenges that exceed your adaptive capacity. Do you, instead, avoid this distressed relationship to place, disavow the CC, and claim a less stigmatized place from which to envision a more aspirational trajectory? The latter can lead to a more prideful and affirmative narrative of self. It can, in the process, however, create a violent dislocation from place (and from one’s homeplace) that necessitates rejecting aspects of yourself as well as the people and places that represent your current source of belonging.<sup>68</sup>

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<sup>68</sup> There are a myriad of narratives of self and place that can become adopted. These can include destigmatizing a relation to place where one is of the neighborhood and still buying into notions of becoming good and successful, ascribe to the ideal of making it via pathways that are labeled as bad/ghetto; or assuming a hood identity that counters these

“Where are you from? Would you say you were from the CC?” I ask. Izzy nods, saying, “yes, yeah.” She is 12 and has lived here for 8 years. Juliana, who has lived here for nine years, says, “yeah.” Eva, who has lived here all her life says, “yeah,” and Anna, who has lived here for four years, says, “yes” and “I’m proud of it. ’Cause when people see what I’m gonna be when I get older, they’re gonna be like, ‘Really?’ And I’m gonna be like, ‘Yes.’” Most kids say they are not from the CC or they do not know. Some kids have moved around a lot so they don’t know because they have “lived a lotta places,” “grew up everywhere,” have lived “all around Benson.” Cami says, “I just say from the hospital . . . [or] I tell ’em Benson . . . I’m just, like, I lived in this one part. You know that one part of Benson? Yeah, that one part.”

Some, like Chris, Bianca, Tina, and Gabriella, say, no they are not from here, but yet they have lived here most of their lives. Bianca would rather be from Baltimore, even though she was only born there, and does not remember it. Tina says, no, “I consider this not where I grew up,” even though this is the place she has lived the longest (8 years), and she has been living here since she was six years old. Jess’s mom says she knows her kids “are growing up here, but no,” she would not want them to say they grew up here or to start thinking that they were from here. The rest say, “maybe, maybe, but I don’t know,” “kind of, kind of, not really . . . maybe,” or “I dunno.” Maria wrestles with it, explaining that she was born here and has lived here all her life, but yet she does not

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extremes poles. One can also reject being from the hood, and still adopt various perspectives about future pathways. Whether as emerging stories of selves, or narratives that are revisited over experience, these narratives, however, are often being wrestled with in relation to contexts of stigma, shame, and care imbalances.

know, “because I do not wanna live over here, and at the same time, I do.”

Being in this **middling state**<sup>69</sup> where you suspend the directionality of becoming and holds onto being both good and bad, means you also suspend narrating a story of self and place. In this state, you dunno if you are from here or not, dunno where else to say you are from, and dunno if you are smart, or going to college, or really going to make it in life. Adopting a middling orientation means that you have yet to define who you are and who you are becoming by engaging with defining where you are from. Being in between good and ghetto, and in between not from here but not elsewhere, is to be in a placeless position. Middling is not occupying a middle ground, but rather is being positioned in an unknown place. You are not currently from somewhere tangible and you are not currently invested in a purposive future plan. You do not yet have a homeplace in which to root your becoming, and your becoming is not headed toward a defined pathway, but suspended in a state of passive withdrawal.

This unknown place also has an unknown life outcome.<sup>70</sup> To be from the CC and be a good or bad kid is associated with vague but defined life outcomes and particular places. Being a bad/ghetto kid means that you will likely end up as “a dropout,” “living offa the government,” “having no job” or “working at minimum wage,” and “on the streets” or in “a hood.” To be a good kid, however, is to end up with a “stress-free” life

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<sup>69</sup> See Appendix: “[Attachment: Distress and the Production of Anxious Selves](#)” for more theoretical clarifications.

<sup>70</sup> This is, in part, why it is protective. Being in the middle is not tied to specific life outcomes associated with being a good kid or bad kid and thus lies outside of the defined and shamed evaluation system.

where you “go to college,” “are educated,” and have a “good job” and a “good house” with your “own car,” “a garage and a big yard,” and live in a “good neighborhood” that is not the hood.

Being in the middle, however, is less defined. Being in the middle “like me,” Maria says, could mean “I dunno,” maybe “I’m gonna become how I am right now. Like my mom. Like living here.” Others agree that it might mean that they could end up here but they are not sure either because that is not “something better.” There is moreover a high level of uncertainty about what happens to those in the middle. Being in the middle does not even have a vague, let alone a defined, place, job, life characteristic, or outcome. They are not “a pediatrician” or a “doctor” and they are not a “mechanic” or “construction worker” or working at “Target, HEB, Walmart, and that stuff,” or jobless and homeless. They are not in the hood or in a good neighborhood. They are not “doing nothing with [their] life” or “doing good” with a life that is “amazing.” They are just, “I dunno, I dunno, I just dunno.” To be in the middle is to be, in a sense, futureless. The blankness of vision around this possible life outcome, and where—what place—this future is rooted, is evident in the sparsity of their sense of self through place. To be suspended in this middling state is to have no place yet to be from and no one yet to become.

This is a core reason why the kids at the CC are “pretty much all a shot in the dark [and] could go either way.” It is why being in the “invisible massive middle”<sup>71</sup> means that

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<sup>71</sup> Dr. Coatley, a local professor, in talking to the community about the state of education in Benson and at large, said: “the reality is the system is working just fine, it’s just not for

they might end up being reproduced as a norm, remain stuck in place, and remain more likely to have a lateral, even downwardly mobile life trajectory. This is how the everyday experience of place, as shaped through marginalization and stigma, becomes formative. Through the production of a stigmatized landscape shaped by care imbalances, the kids at the CC are developing an insecure bond between self and place. They are therefore navigating the process of envisioning and planning their futures, without being certain of where they are coming from and what future is attainable from this undefined starting ground. They have, in the process of contending and coping with instability, become doubtful about whether they are efficacious and deserving enough to accomplish their goals and whether they can do so with the denials of support and likely losses they will encounter on an ongoing basis. To put it bluntly, they are understanding and planning their lives from an unknown starting ground, to a futureless outcome, with the vulnerabilities of an anxious and doubtful self and without the stability of support or the assurance of being cared for or about. And they are doing so with the capacities they have amassed as a six-year-old, eight-year-old, twelve, fifteen, and so forth.

While defining oneself and one's future ("transitioning to adulthood") transpires through uncertainty, the kids at the CC are moving from a position of indeterminacy.

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black folks [and minorities]. That's the shame of it all, the system is working just fine . . . in our high-needs schools we have our high fliers who we know and pay attention to, and we have the ones that are struggling, and then we have an invisible massive middle that get lost . . . these kids in the invisible middle, when they're not sure what to do, in high-needs schools, there's not an advisor there to help them . . . they're just shuffling along getting C's and D's. They're not getting in trouble so we leave them alone. Not getting in trouble is not doing good . . . the challenges are structural, the system is not broken."

Moving from this middling state requires repairing the insecure bond between self and place. This position was created, in large part, out the challenges of simultaneously coping with an unstable landscape and striving to plan toward aspirational goals. There does not yet seem to be a way to integrate both processes, of needing to gain a protective distance from a landscape that threatens the self while also needing to engage with it in order to build a current and future self. Re-engaging with the necessity of drawing support from place as a tangible location (wherein one acquires fundamental resources and access to security and opportunities) requires effectively coping with one's surroundings while retaining the self-confidence and self-efficacy to both survive and thrive. It becomes important, therefore, to examine how vulnerabilities to self, within the context of attachments to place, contribute to the sense of rootlessness and susceptibility to self-depletion that are reflected in the negative, sparse, or fragmented aspects of a perception of self as shaped via an insecure attachment to an unstable, stigmatized landscape of care.

The internalization of these vulnerabilities are, however, also a reflection of experiencing and contesting an unstable, often volatile, landscape of care. These vulnerabilities cannot be understood without examining how they are produced out of encountering a landscape shaped by persistent, structural care imbalances. Changing the "troubled relation between self and context" therefore requires transforming how place is encountered, rather than simply aiming to change the affect produced (Bondi 2003, 867; Ahmed 2003). To aim to change only the affect and instill pride, hope, confidence, or assurance, as disconnected from tangible changes to place, is not only ineffective, but

may simply continue to create the same inconsistency of support while also “reproducing the assumptions of the ‘aspirational project’” and taking “attention away from the material conditions of possibility within which ‘aspiration’ can be realised” (Allen and Hollingworth 2013, 514).

This early-life process of understanding one’s self and envisioning one’s future aspirations, in and through place, is important for many reasons. One is that it is a process that is still in formation. The kids at the CC are still in the midst of trying to make sense of their experiences and are making choices of affiliation and disaffiliation. They are wrestling with questions over where they are from, where they belong, and what fits with who they are and who they can be or become. Even though they are in a vulnerable and ambivalent state, it is still within an incomplete position, one of suspended rootlessness. Their narrative of self through place does not yet have what most of them consider to be a starting ground (their early life is not yet placed tangibly or symbolically). They are also not disengaged or locating their narrative of self within a negative or fixed position.

This middling state of mind, however, is still in formation. The question remains, therefore, what possibilities this mindset enables or hinders. An ambivalent orientation can be viewed as resilient in the sense that most kids at the CC have not accepted limited aspirations and do not have hardened beliefs that they are bad, ghetto, and headed toward failed life outcomes. It is, however, uncertain whether this mindset will operate as a reluctant fallback position that reproduces stagnant or flat socioeconomic mobility, or if it will protect the kids from internalizing stigma and shame so that they can retain the measure of confidence necessary to construct prideful, unstigmatized, identities. Does a



middling state of mind entrench disengagement or create an opening for investment if given signs of support, affirmation, and tangible encouragement?

## Chapter 9:

### What Should We Tell Pete? And Mary?

“That little kid has no idea what his future is going to be like; he doesn’t know what’s ahead of him.” —Ms Grace

“I guess, [with the younger kids], it’s like trying to stop a train wreck from happening rather than saving someone after it happened.” —Mr. Ely

“See, here’s what I’m trying to figure out,” Ms Grace says. “Cause it makes no sense to me at all ’cause he [Pete] was so excited and hell-bent on being in the magnet program. I’m wondering if he actually got in, and if he’s just too embarrassed to say he didn’t. [Or] if he said he got in, but he doesn’t wanna do it. Because I will say this, when he said he got in, I was shocked. Because Xavier’s magnet program is very hard to get into, and [Pete’s] essays . . . editing with him was almost basically like rewriting the whole thing . . . So, I’m wondering.”

Almost all year, Pete has been excited about applying to the magnet program. He worked with Ms Grace and Mr. Powell on his application, a process that Mr. Powell said “was torture—torture,” because it was hard not to just correct everything. Near the end of the school year Pete said he got into the magnet program and received his acceptance letter. This moment should have been thrilling but he was not excited about the news. A few weeks later he decided he was not going to enter the program, and declared that he would just reapply, and restart the whole magnet thing. Everyone tried to find out why he had changed his mind. His reasoning was vague and puzzling. He said it was hard to

make friends with the magnet kids, that his low point of the day was that the magnet kids got on his nerves, and that he went to shadow the program after he got his acceptance letter, and he was not sure that he liked the classes or the classroom management. He just was not sure it was for him and was not going to go.

There are many moments like this at the CC, when the situation is uncertain and the ramifications are significant. In these situations, people and the governing policies rely on previous experiences, knowledge, and perceptions of people-in-place, to make an educated guess about what guidance to give and what action to take. Did Pete get into the program, or does he just not want to do it? Is he embarrassed to have been denied, or does he just does not want to do the work? Is the magnet program too hard for him? Does Pete get a guidance that says, “It’s really hard for the neighborhood kids to get in, and just trying is great,” or “You can always try again next year. Charles and Adrianna got in, and they’re smart.”

These modes of interpreting the situation and providing guidance, however, are currently shaped by notions of place stigma and shame. What if, however, the situation was differently perceived in relation to ideas about insecure attachments to place and landscapes of care. What if Pete got into the magnet program, visited the classrooms, and his first thought was “what if I need help?” What if he paid attention to how students were taught and was attentive to signs of care denials and rejection, and he did not see signs that he would get supported by the “classroom management style” or by the magnet kids, and instead noted the possibilities of threats and negative appraisals. What if he were considering that he could start the program, not be able to keep up, not feel like he

deserved to be there, and then lose his status as going from being a neighborhood kid to a magnet kid.

Rather than an ambivalent guidance or reassurance mixed with a seed of doubt that triggers subsequent affects (“It’s hard for neighborhood kids, but you can still do it”), what if he were looking for non-compromised assurance? Assured support would have encouraged him that he could invest in being one of the magnet kids, just because, rather than because he, too, could become one of the good/smart kids from around here. And support that also instilled confidence that he would not be rejected or abandoned in a time of need, that when he reached out for help, he would be reciprocally met.

In instances of uncertainty, and more generally, for kids growing up in the CC, what forms of support and ways of perceiving where they live and who they can become would work to unstick stigma and shame while fostering confidence and maintaining, rather than depleting, hope? How could a question like Mary’s be answered and tangibly supported such that her experiences aligned with a more secure attachment to place and a more secure sense of self through place:

“How would you feel, if you was a little kid like us and you lived in Cathedral and this stuff was happening, what would you think? What would you tell me, if I was new here?”

## Chapter 10:

### Conclusion

“Self-determination refers to the process and capacity to choose among alternatives, to determine one’s behavior, and to affect one’s destiny. As such, self-determination assumes a consciousness of human possibilities, an awareness of necessary constraints, and a willed, self-motivated engagement with one’s world.” —Hussein Abdilahi Bulhan (1985)

For the kids at the CC, the question of who to become is an affective one. It is a question of retaining hope for their future self and distancing from the fear of a failed self. When people learn to suppress beliefs about who they can become because of where they live, then urban inequality has pervaded everyday life in ways that are affectively violent. Urban marginalization can stretch through a landscape of care imbalances and down into the self in ways that create a susceptibility to self-doubt and self-depletion. The facts, Antonia says, that “it’s not a good thing to live here,” and that because they live here, people expect them to “grow up to be alcoholics . . . addicts of any type . . . [and] won’t grow up to have a job,” is why she sees “so many kids around here . . . giving up on their dreams.” Her straightforward statement reflects the ordinariness of how the everyday experience of the CC moves from structural and symbolic to affective violence, and in the process weakens young people’s future aspirations.

The kids at the CC also struggle to understand how, along with other processes of urban marginalization (poverty, unemployment, housing, access to opportunities), ghetto

works to devalue and stigmatize where they live and who they are. They wrestle with trying to understand how ghetto is manifesting in their community and what is it about this *ghettoness* that sticks to them and reaches into their future. Is it because of the fighting and broken glass lying around, they wonder? Or is it the way people talk and dress, or because there are just blacks and Mexicans here? They think maybe it is because their schools are underperforming or that people here are poor and some of them might be the types of people who give a bad name to the place. Or perhaps it is because they have crossed over Barlow and Crestland Avenue or are now past Carver. Where, they wonder, is “the line of good and bad” that marks this community as “all of a sudden bad”?

They search within where they live for definitiveness as to why it is ghetto, but it seems to just be ghetto and just be bad. Ghetto can often be easy to locate spatially, and relevant to nearby areas, because it is produced through creating divisions and boundaries. Maintaining places that are materially and symbolically devalued creates economic and social gain and facilitates a production of space that secures privilege and advantages (Wacquant 2014; Lipsitz 2006; Harvey 1973). Ghetto, similar to other processes of urban marginalization, is confounding because it visibly exposes extensible processes of inequality while also redirecting analysis inward and back within a bounded location. The CC, for example, is said to be ghetto because it is a public housing community where the average family lives on less than \$13,200 a year. It is ghetto because it is on the side of town that receives less economic investment, is more materially abandoned, and is more excluded from public services and social

opportunities. It is marked as ghetto because it is a place where outsiders come to commit crime because they know it is less policed and urban security is loose. The CC is cast as ghetto because there is high unemployment, segregated and under-resourced schools, and people here sell tamales out of their homes to sustain themselves within an informal economy and use food stamps to pay for burritos and fried chicken at the nearest source of food, the “yellow hood store” down the way. It is said to be ghetto because access to health and mental health services is low to non-existent, histories of trauma and violence untreated, and addictions high. This violence, however, clearly does not begin or end inside the CC nor is it contained within the spatial, temporal, and explanatory boundaries that the construct of ghetto is aiming to constrain. For residents of the CC, the everyday struggling of contending with ghetto is entangled within their ordinary crisis of responding to urban marginalization and inequality. It is through this ordinariness that this violence of stigma and marginality becomes internalized as people live out their daily lives within an uneven landscape of care.

This inward extension of violence can, however, be rendered visible. The moments, for example, when the kids at the CC are signaling their frustration at being denied support are affective moments wherein shifts from confronting to absorbing structural inequality can occur. Bursting out in tears at being told to come back for help while clutching a stack of homework packets, sulking away at being scolded for not being a smart kid, lashing out and wanting to inflict pain at facing threats of closures and termination of services, retreating and staying inside after learning that the new Ms Sullivan, who replaced the old Ms Hannah, who replaced Mr. Patrick, is leaving the CC,

are affective responses to being on the withdrawing end of care. They are emotional encounters when urban marginalization is felt in ways that can inflict violence upon the self. The more the kids at the CC become overwhelmed and unable to cope with these inequalities, the more this lack of support can become internalized. It is ironic that this deepening internalization can work to invisibilize the linkage between structural and affective violence, at a point when it is deepening.

This silencing of power-geometries as they become more affective is one of the challenges of examining emotions. As emotions circulate, unevenly shaping spaces and subjectivities (Ahmed 2013; Thein 2005; Pribesh and Downey 1999), the structural processes in and through which they are being made tangible become invisible (omitted) as they become personal. But the personal, as feminists continue to argue, is *still* “political.” Examining why a Muslim-American woman feels afraid at the grocery store and mall, why an African-American teenager feels afraid walking through the suburban streets or driving in a car, or why a Honduran immigrant nanny feels afraid within her home space and that of her employees is, while personal and intimate, just as bound up with issues of social stratification, citizenship, nationalism, and governance as are the affects that circulate within the geopolitics of fear and terror (Pain 2009; Pain and Smith 2008). Emotions, once they are viewed as associated with particular bodies, enable questions to be asked about who feels what, why, and where (Thein 2005; Bondi 2003), and how these emotions create different experiences of place as well as different places.

Examining embodied emotions can facilitate a more situated analysis of power and inequality, and also connect these processes to how they operate in and through the



self. The emotional subject, as a self that is affectively influenced, is deeply political. The adoption of emotional perceptions about oneself also becomes tied to future pathways that either open up or close. The horizons a person comes to invest hope in (or not) are shaped through particular emotional mindsets (Thein 2005). Davidson and Milligan (2004) echo this point when they write that “our sense of who and what we are is continuously (re)shaped by how we feel,” and via how these emotions are produced as people move within their daily life space. They go on to add that the imagined futures we project emanate from “our current emotional state” (524), such that the future selves that become possible shift in relation to the possibilities that our emotions enable. How we feel about ourselves bridges from the present to the future as it influences the possibilities that become conceivable. Our future is affectively envisioned and invested in.

Aspirations, as “strong emotional impulses,” motivate us “to work towards the achievement of an anticipated better future” and are shaped through “attachments to particular people and places.” An affective orientation toward the future, therefore, is an emotional disposition that is produced, reciprocally, out of ongoing encounters and attachments. Aspirations, as tied to concrete attachments and as emotions that are shaped in relation to specific geographies, are therefore not feelings that are simply interchangeable. Aspirations, in other words, cannot simply “be raised” when children are not “aspirational enough” (Brown, 2011). This thinking is not just a deficit-oriented perspective but can represent an analytical disconnect. Children’s aspirations may be theoretically analyzed and discussed in ways that do not account for how they are actually anticipating their futures. If children derive their aspirations and perceive their

futures affectively, then analysis should, following suit, be able to examine how these emotions developed as a result of the attachments and chains of relations—from structural to spatial and embodied—that influenced their emergence.

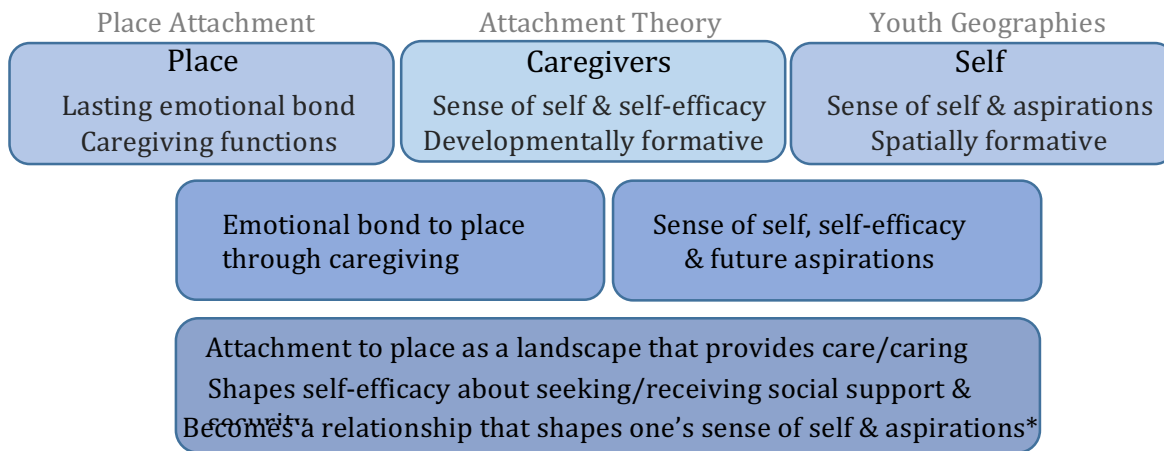
This study, therefore, aims to move in this direction. Doing so, however, raises the need to develop a conceptual framework that can examine children's aspirations (more broadly, their perceptions of self and of their futures) in relation to the attachments that formed them, and this approach addresses a missing source of attachment, which is that of emotional bonds to place. While children's daily life spaces are regarded as influential to their perceptions of self, place is not recognized or analyzed as a fundamental source of attachment, wherein an emotional bond forms in a way that is developmentally relevant, and formative in that it bridges early to later life habits and opportunities. Children's experiences in and of place, however, create the encounters and formative identifications that drive self-understanding and influence life trajectories—who am I, where am I from, and what is possible from here. This gap in examining place as a developmental source of attachment represents a gap of theory, rather than of experience.

Bridging this theoretical gap and relating how children's perceptions of self and future aspirations are formed through attachments, and through attachments to place, is possible because the conceptual basis for this exists. The overlap between research that examines the importance of attachment to caregivers, the significance of place to children's process of becoming, and the influence of emotional attachments to place are multiple and present a way to bridge this gap. Examining childhood bonds with

caregivers provides a framework for discussing how attachments shape young people's habits for seeking care as well as their sense of self-worth and self-efficacy. Examining children's experiences in and of place provides a way to discuss how place shapes their sense of self and perceptions of their future. Relating both together, via bonds to place, provides a way to assert that attachments to place, developed via caregiving experiences, influence children's self-confidence, self-efficacy, and the affective pathways of hope or doubt through which their future aspirations develop.

Through attachments to place, children are also learning how to seek support from the people and places around them, particularly as they encounter new environments and engage within places that are secure and provide reliable support or that are perceived as insecure and provide unreliable care or threaten one's ability to access social support. Examining how attachments to place shape children's sense of future aspirations also provides a way to analyze how this affective orientation develops in and through their daily life spaces. As such, it enables a way to connect the structural factors that shape their landscape of care through to how these broader processes are internalized in ways that impact their affective sense of self.

Figure 10.1: Place Attachment



\*One of other early-life formative relationships, and one that may operate in relation to others or on its own.

In drawing these connections, this research has explored how the CC, as a public housing community, was constructed as a landscape of care. Over two years, participant observations, walking tours of the neighborhood, and formal and informal interviews were used to gather the ethnographic and spatialized accounts that enabled an analysis of the CC as a landscape of care. This involved gathering and examining children's (aged 9–16 years) perceptions of the CC in general and as a caring environment, and to also examine their everyday experiences seeking care, and doing so in response to daily stressors and threats. This information, along with the theoretical framework outlined throughout, provided the empirical material from which to examine a developmental

theory of place attachment.

In so doing, this research argues that children at the CC perceive their daily landscape as unpredictable, at times responsive and supportive, and at other times harsh and rejecting. In response to this unreliability of care, they become doubtful and mistrustful, developing what resembles an insecure and ambivalent attachment to a landscape they know will not consistently care for them. They stay aware of the possibility that their landscape of care could become depleted as disruptions (e.g., threats of caregiving withdrawal and closure, increases of crime and violence) reduce the caregiving capacity and as they could suffer an unpredictable loss of support. As a response, they learn to seek care defensively and anxiously. They call for help aggressively and early, become angry and frustrated, leave or sulk, are prepared to defend themselves, and in general, use heightened care-seeking strategies to try to maintain support. Adapting to instability means that they can develop a low threshold for frustrations or for signs of being denied care, and respond in ways that pre-empt these threats from occurring. These responses are both defensive, and in a way offensive, in that they are aiming to protect themselves from the pain of these threats to self while also trying to signal their injustice at a care imbalance they desperately want corrected. The offensive strategies they develop to increase support in a context of instability, however and unfortunately, can lead to retractions of care. The moments when they are trying to overcome inequality, by using their adaptive capacities, can also further their inequality (e.g., seeking care defensively can be misinterpreted as a lack of interest that leads to support being withdrawn; cataloguing the threats that could transpire from attending a

magnet program, more than being aware of or even remembering the benefits, could lead to deciding not accept that opportunity).

The experience of lacking reciprocal support, and grieving through abandonments of support, leaves them doubtful whether they are worthy and deserving enough to receive support. Knowing that they are already perceived as less than and that being judged as a good/smart kid can secure them access to care, creates a preoccupation with whether they are meeting socially acceptable standards of worth, or are not and therefore are becoming in danger of losing support. They grow sensitive to negative appraisals, shame, and rejection. In this situation, it becomes more difficult to cope with stress due to responding to anxiety in a heightened manner, and being more susceptible to negative affects and to self-depletions following such threats. This makes the experiences of living within a marginalized and stigmatized landscape even more challenging as it also produces the threats that are particularly difficult to cope with. They are insecurely attached to a landscape that increases the pressure and anxiety they face about measuring up to social standards and unsticking themselves from stigma and shame. They, in turn, have developed organized strategies to increase their ability to get support. While these affective strategies and mindsets are at times effective and protective, they also weaken their ability to cope with stress and leave them more prone to self-doubt and self-depletions.

Through this attachment to place, they internalize an affective state that leaves them doubtful about their ability to secure the support they need to achieve their aspirations, and to cope with the threats and losses they are likely to encounter. The good

kids, who can secure more support, are perceived as good because they are in large part also smart and thus are living up to being socially deserving. Being viewed as a bad kid, therefore, generates concern over being perceived as *not smart* and thus less deserving of support. Similarly, losing the status of smart creates concern about being good enough to receive support, and about being treated like one of the bad kids, who are outside the category of deserving and likely to be supported. As a result, they are uncertain about their ability to measure up against others and be to equally cared for, particularly if the metric of adjudication is based on being socially worthy and acceptable. While this perception can be generalized, it manifests particularly in situations when they face performance evaluations and have to be smart; when they need to interact within a new (unknown) environment; and when they need consistent support in order to reach a laudable goal, which is a situation that exerts multiple pressures on being perceived as good enough and as smart enough to be deserving of support.

Through this unstable landscape of care, the kids at the CC are encountering processes of urban marginalization on a daily basis. They are contending with how structural and symbolic marginalization becomes intimate as it descends through place and “into the rhythms of ordinary life” (Datta 2016, 339). As they adjust to this instability and develop an insecure attachment to place, they increase their ability to secure the support necessary for day-to-day life. However, they are also developing a self that is becoming more anxious and vulnerable to self-doubt. This self that is forming through place is one that is internalizing structural violence, affectively, through the creation of a vulnerable sense of self.

This affective violence to the self is influential, as it provides the impetus—the internal motivation and optimism—from which people envision and strive toward future possibilities. A deflated affective state that is shaped as a result of violence that becomes ordinary and intimate as it is brought “into the home and into the mind,” is one that continues to leave people prone to “[believing] the worst about themselves” (Fanon 1963, 4). Being pushed into a middling state is a position that is resistant, as it has not fully withdrawn from believing in high aspirations or fully disengaged and accepted stigmatized life positions. This suspended state, however, challenges one’s ability “to affect one’s destiny” and pursue a “willed self-motivated engagement with one’s world and future possibilities” (Bulhan 2004, 265). Moving from this position toward being more in control of determining the future, and defining its markers of success, requires having the means to social opportunities as well as affective mindsets that enable expansive horizons rather than entrench internal oppression.

### **Place Stigma and Marginalization**

Before expounding on specific and disciplinary contributions and limitations of this work, there are two broad and underlying points this research aims to assert. The first is to continue to state that place stigma matters, and it creates concrete, tangible effects. Processes of spatial marginalization are often deeply entangled with stigma (and the “discourses of vilification”) that discount both the place and people in them. This symbolic stigma has concrete effects on producing places that are less invested in economically and socially and that weaken residents’ ability to fully and equitably



integrate in society, often denying them public services as well as rights of citizenship, political participation, space, and access to the city. Place stigma produces landscapes that cannot equitably care for and about their residents. This fundamental aspect of geographical inequality means that stigma works to both create and reinforce privilege and systems of social stratification. Once formed, place stigma—working through an affect that is particularly sticky, and a spatiality that secures privilege—can continue to reproduce spaces of exclusion.

For children, finding out that where they live is stigmatized is affectively and cognitively disruptive. Whether the stigma is contested and transformed, or not, this encounter forces a need to negatively contend with who they are, where they are from, and where their future can belong. It is a factor which, as discussed through this research, can significantly disrupt the affective process of envisioning one's future. Focusing on stigma also highlights the emotions that children experience through this form of encountering marginalized neighborhoods. As discussed earlier, the everyday experience of the CC, as a daily landscape shaped via marginalization and stigma, can create emotions associated with anxious and depressed affects. The kids are afraid and anxious about the inconsistency of support and about not being able to predict when care will or will not be available. They are sad and grieve the losses of support they face, and they depict their daily landscape in ways that highlight the places and events associated with loss. While the feelings of grief may fade, for some the experience of place remains one that is landmarked by losses of support. Their exposure to stigma and the stigmatized hierarchy of being good or bad, leaves them open to experiencing “one of the least

tolerable affects for humans”—shame (Malatesta-Magai 1991, 219). The hurt and pain felt in response to this exposure to shame, as well as the desire to distance from stigma, also spur a range of subsequent emotions such as anger, withdrawal, resentment, resolve, and determination. These dominant emotions of shame, hurt, anxiety, grief, and frustration are visible as tears stream down their faces and as they sob, as their bodies turn away in concealment with their heads bowed low and lower, in the balled fists and pursed lips of frustration and anger, and in their shrinkage from place when they retreat from grief. The expressions that are less visible, the flinch of an eye, the short but heavy sigh, the accelerated heartbeats can be signs of an inward intensification.

These emotions, although violent, in that they can swiftly deflate the self or accelerate panic, differ from the violence of emotions that often circulates in public discussions and urban policies. In these discourses, the emotions that are highlighted from young people’s experience of marginalized neighborhoods are those of anger, resentment, apathy, idleness, exhaustion, and misery, along with those that are positioned as counterpoints to these prevailing affects (e.g., determination, composure, and optimism). While these emotions are indeed present, they also fail to engage with the key affects generated via experiencing stigma and contexts of inconsistent care. They present a one-sided story that excludes the emotions related to the underlying grief and shame that accompany denials of care; the often less visible or more ambivalent emotions that can facilitate a more nuanced understanding of what they are experiencing and are reacting to in terms of place, and the emotions that can be attributed to the actions of place as a source of support (e.g., denying, rejecting, cold, loving, supportive, affirming).

What can get lost, for many reasons, are the ambivalent affects of hope and of the self that is striving to cope with situations and emotions that are just beyond their ability to manage on their own. What is missing, then, is the reciprocal interchange between children and place, and the stages when this relationship is at a turning point, and when children are struggling to invest more and seek greater support from place, and what is happening as they are supported or denied.

### **Limitations**

It is important to note the limitations of this research. The preface and introductory chapters detail some limitations to the scope of the research and to its generalizability. In addition to these factors, are the following areas where additional work is needed:

**Intersections with multiple categories of social difference.** It is quite certain that the experience of place, support, and reactions to caregiving are influenced by race/ethnicity, gender, age, immigrant generation, and other intersectional factors. Research would benefit from an analysis that examined the ways in which place attachment and feelings of security and insecurity shift along these lines of social difference.

**Measures of mental health.** While this research was conducted in settings with social workers and with participants that shared current and past mental health histories, the study did not conduct an analysis of mental health. Future research would benefit greatly from being able to explicitly state, and quantify, the affective and mental health

states of study participants.

**Stigmatizers.** Stigma is also uneven in that the focus is often on the stigmatized and not on the stigmatizers. While this research could be said to follow in the same vein, it also aims to show how stigma becomes produced as it is encountered (through everyday experiences) and then responded to. In doing so it picks up on the production of stigma as it is felt and then responded to, and ends with a need for greater social responsibility and equitable caregiving relationships.

However, it did not prominently engage with an analysis of stigmatizers, pointing out the broad collection of participants (the “we”) that can be involved in caring/uncaring relations, as well as the participants, policies, laws, material structures, and other factors that are involved in the production of a stigmatized landscape.

### **Disciplinary and Urban Policy Contributions**

The following highlights key contributions of this study. It focuses on areas where theoretical and methodological insights meld with policy-relevant outcomes as this work aims to generate analysis that can improve the lives and lifetime opportunities of children growing up in marginalized neighborhoods.

### **Formative and Affective Analysis of Place**

There continues to be interest in research that aims understand how growing up in poor, marginalized neighborhoods impacts children’s life chances. These studies have shifted from asserting that place exerts a unique influence on children’s lives to

determining the ways in which place matters, and continues to move in the direction of a) more nuanced models of risk and resilience that identify which interactions and experiences of place are influential; b) more participatory methods that use children's perspectives to capture their everyday experiences and include their insights in urban policy; and c) an examination of both long-term and multigenerational effects of geographical inequality.

This research argues that working at the intersections of these approaches, and creating interdisciplinary frameworks, would supply a missing point of analysis, which is a better understanding of how place, as experienced every day, generates the encounters and feedback patterns that become influential. It is the dual question of via what processes and, over what daily experiences, does exposure to urban marginalization create expectations and turning points, and of how to perform analysis that aims to connect broader urban and structural factors through to the spatial and contextual dimensions of place and then to the resulting lived experience that is produced. One such way is to combine geographical approaches that focus on examining the particular, lived experience of place with research within social science disciplines (e.g., neighborhood effects research, attachment theorists, neighborhood-based clinical social work) that aim to link children's early life contexts to their later life development and trajectories.

Such an approach would help extend geographic research (particular youth geography studies) into taking a lifecourse perspective and thinking more temporally about lifecourse connections (Hörschelmann 2011; Bailey 2009; Hopkins and Pain 2007). Analysis of children's early life spatial experiences, particularly their reciprocal

interactions with place, and information gathered from children's perspectives, could then be broadened from a focus on the current effects of daily life to how the affordances and risks of place are influencing children's lifetime opportunities. In this way, this geographic research on youth would continue to become more politically relevant by not only integrating children's voices, experiences, and places into policy (Hill et al. 2004; Matthews and Limb 1999), but also by bringing those perspectives into policy discussions around socioeconomic mobility and children's life trajectories.

This research sought to do just that by examining place attachment from a developmental perspective. In doing so, it outlined how examining place as a landscape of care creates a way to examine attachments to place developmentally, through its similarities with attachments to caregivers as people. This developmental attachment to place also provides a framework for examining how early life relationships with place can exert a lasting influence over the lifecourse by shaping affective habits and perceptions of self. The study outlined 1) the extent to which attachments to place, via secure to insecure bonds, can work to shape how children perceive their self-efficacy in terms of being assured that they will gain support in and through place and be able to navigate new places in ways that can build social forms of support and security, and 2) how insecure attachments shaped in relation to a stigmatized landscape of care could create an anxious and distressed outlook about being able to access support from one's daily landscape as well as susceptibility to self-doubt about measuring up social standards of worth. This dual risk factor of a distressed self-confidence and mistrust about the availability support can then work to weaken children's affective orientation about their

future and about purposively striving toward goals that necessitate being supported because one is deserving and good enough, and especially if doing so takes place in a new environment.

Using the lens of landscapes of care to examine the notion of security and insecurity also integrates an analysis of needs, as produced through deficits of social services and equitable distribution of resources, into an examination of place attachment. Doing so enables a way to examine how affective bonds to place can be generated based on the caregiving capacity of a place (e.g., a neighborhood) and how that place is able to consistently support the needs of residents. Is a place socially supportive, in that: 1) it is able to provide care for residents and do so in ways that are equitable in relation to other places and the needs of residents themselves, and 2) it does not jeopardize residents by producing threats due to inadequate or unstable support, and leave them with less effective ways of resolving the dilemmas of being excluded from public provisions.

The analysis of affective attachments to place in relation to tangible needs and vulnerability connects an examination of emotions with one of processes of inequality. More broadly, this work posits that emotions related to dislocation, to feeling unwelcomed or less supported, may fit within this lens of analysis wherein the caregiving capacity of place is structurally and consistently unstable, abandoning, and/or rejecting. Rather than being individual, incoherent, personal, overly emotional or vague feeling, these affective responses to place may be articulations that signal the ways in which place is failing to provide consistent care and support, and in the process also failing to uphold people's sense of self-worth and social acceptability. This framework therefore presents

opportunities to conduct affective, spatial research in ways that are explicitly connected to caregiving vulnerabilities.

More specifically, taking a “global intimate” perspective (Mountz and Hyndman 2006; Pratt and Rosner 2006) of examining affective responses enables a way to juxtapose processes of inequality across multiple scales, and examine how broader social, economic, and political factors are also shaping what transpires in the home, everyday life, in and through people’s bodies, and other “private” realms. The “intimate” may be personal or more local, but is no less distanced from structural or global processes. This perspective, as Ayona Datta (2016) asserts, is necessary in order to examine how processes of urban marginalization and exclusion create intimate violence in the home and everyday life, and how “intimate transactions of emotion, hope, desire and affect” (340) are entangled with the production and maintenance of urban exclusion. Although this intimate violence is central to how people live, and contend with and are shaped by urban inequality, Datta argues that the intimate and the affective remain unexamined within urban geography scholarship as well as within urban policy. Connecting structural violence to affective violence can therefore work to uncover this process that more silently reproduces marginality. This research contributes toward the need for this type of urban scholarship by tracing how the inequitable provision of material and social resources and the devaluations produced through stigma create an unstable landscape of care, that weakens children’s perceptions of themselves and of their future, and continuously dispossesses them of their ability to hold onto aspirational beliefs.

Lastly, in terms of a formative analysis of place, this research has argued that



spatialized perspectives are necessary for examining children's lives and life courses. Where children grow up is recognized as influencing salient aspects of their sense of self and life prospects. In addition to this, it is necessary to more explicitly assert that young people's lives and life trajectories are relationally produced with their lived geographies (Falola 2015). Such a perspective raises the need to: 1) examine the connections between children's lived geographies and biographies, 2) spatially conceptualize how children's growing-up spaces might operate as formative geographies (places that are developmentally relevant in ways that connect early to later life habits and trajectories), and 3) to develop methodological approaches that spatialize lifecourse research and allow for examining biographical development through place, as well as through time (Worth and Hardill 2015).

### **Urban Policy and Youth**

There has been a renewed focus on urban marginalization and youth, as the gap between affluent and impoverished neighborhoods widens and as young people who grow up in poor neighborhoods remain stuck in place and at risk of downward mobility (Chetty et al. 2014a; Davies 2011). In parallel with this trend, has been the proliferation of place-based programs and policies geared to benefit youth in marginalized communities (Promise Neighborhoods, Choice Neighborhoods, Moving to Opportunity program, Harlem Children's Zone), initiatives that aim to gather data in order to identify the factors that weaken or improve the life outcomes of urban youth (e.g., UN-Habitat Global State of Urban Youth Report, Child Trends, Kids COUNT), and frameworks that

attempt to increase children's rights and access to opportunities within cities (e.g., The United Nations Child Friendly Cities project, Cities for Children initiative). Additionally, emotions are often used to provide a snapshot or description of young people's state of mind, but when used within policy discussions these emotions become linked to explanations of life prospects in ways that seem causal and influence policy directions (e.g. the solution for experiences of place that generate apathy in relation to one's future possibilities may be different from generate grief or fear). It is not, as this research makes clear, that emotions should not be given such significance, but rather than it is important to examine them analytically and understand which emotions matter, why, and how these affects were created and then internalized.

The findings from this research argue that frameworks that examine urban spaces in relation to children's well-being and life opportunities should include criteria about the affective dimensions of this relationship. Current frameworks include measures such as children's perceptions of safety and security and their access to resources and opportunities, but not in a way that examines the caregiving capacity of place, and the reciprocal nature of this relationship (e.g., measures around frequency of loss of support; ways of seeking and responding to support). These dimensions of support, as articulated through this research, are critical because of how they can influence a person's ability to feel assured about being able to secure basic and fundamental needs, to perceive themselves as socially valued and deserving, and to use these affective foundations of support and self as a basis for imagining and investing in future aspirations. Taken together with the factors above, these affective states of mind (e.g., anxious, grieving,

calm, secure, worthy, socially unacceptable), provide another way to measure risk, well-being, and incorporate factors that influence lifetime opportunities, through an assessment of how a sense of self develops through place.

Additionally, within current place-based frameworks, there are times when these caregiving and affective dimensions of analysis are present, but are located within separate categories of analysis (e.g., distributed across health, poverty and inequality, social and emotional development). It could, based on the arguments of this study, be useful to relate these categories together, and to do so through a framework of caregiving attachments to place. This could, for example, entail examining what relationships exist between experiences of support, evaluations of emotional development, perceptions of one's self-efficacy, and orientation to seek care/social support and engaging in social status competitions where support is necessary.<sup>72</sup> In an effort to further the process of developing these frameworks, I have proposed six quantities measures that stem from the findings of this research. These measures (Appendix C) include Likert scales that could potentially measure Place Stigma, Internalized Place Stigma, Place and Self-Worth, Place and Support/Caregiving Capacity, Place and Self-Efficacy, and Generalized Assumptions of Place and Care.

Ensuring the stability of support services that are supposed to make up for the structural disinvestment of marginalized neighborhoods is crucial. The high turnover of

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<sup>72</sup> In this same vein, there is productive room for analyses of models of pathways of attachment risks and of neighborhood effects to examine factors of attachments to place, as its own potential source of impact or as a moderator along with other factors.

these programs, of staff within them, and changes in the policy directions that guide their operations, produces instability that is detrimental to the consistent support necessary for young people's well-being. As sources of care and of the caregiving experience of place, these services have the potential to not only stabilize the volatility of place and provide access to opportunities but to also shape young people's perceptions about their social value and self-worth. It is important to commit to long-term funding for these programs and for adequate staffing, and to also disconnect their funding and political support from measures based primarily on raising test scores or academic achievement. If measures are used, they can be based on holistic assessments of young people's well-being, and not on their deservedness or on metrics that tie their ability to receive support to evaluations of their social acceptability or worthiness. Rather than helping children or motivating them, this type of accounting of personhood contributes to the type of pressure and stigma that generates vulnerable self-concepts and furthers the perception that kids who are born into disinvested neighborhoods need to personally prove themselves as worthy in order to get adequate forms of public support, and to do so, when other kids are simply socially supported.

Additionally, there are particular points where support, at least locally in terms of the CC Terraces, is lacking. Once such point is the critical transition between middle school to high school, where support services are available for elementary and middle aged kids but are less so for high school students. Losing these sources of care as one also enters an important transitional life-stage can produce the type of stressors that leads to kids "fall[ing] through the cracks" and becoming prone to life trajectories that narrow

rather than become expansive.

This research has also argued for the importance of recognizing the impact of place stigma and working to combat this form of stigma and shame, particularly as it relates to young people's self-concept and perceptions of their future possibilities. Framing success through the redemption of becoming a good kid (and unlike the places and people around you) as well as posing success through a shame-based hierarchy of good and bad, and creating reward and support systems around this hierarchy, does not help encourage and increase the likelihood that young people will hold onto high aspirations and become more upwardly mobile. This research indicates that, rather, these forms of stigma are detrimental to their ability to attain the assurance, self-confidence, and sense of optimism necessary to achieve their goals. There are ways that place stigma can be addressed on a broader as well as everyday scale. In terms of the later, paying attention to the stigmatizing encounters youth experience in and through their neighborhoods offers a solution, as it presents the opportunity to change these encounters. For example, messages and advice about success, achievement, and reaching upward mobility can be reframed to avoid stigma and shame; caregivers, volunteers, speakers, and others that work with and have encounters with youth in marginalized and stigmatized communities can be made aware of these issues and work to avoid this type of stigma in their interactions with youth; and urban education and policy leaders can lead efforts to counter local stigmatizing representations, identify policies that stem from stigmatized beliefs or that have stigmatizing outcomes, and also strive to remove the structural factors that perpetuate place stigma.

Closely related to this, identifying how experiences of place produce particular affects and emotions can also reveal areas of potential interventions. Knowing, for example, that the everyday experience of place generates feelings of hopelessness about one's future also means knowing that cultivating an affective cognition of hope requires that a person understands how to set goals, feels able to pursue them, and believes that they can achieve them and can get the support necessary to do so (Snyder 1994). Identifying which of these components is missing, can help to generate ideas about how to intervene in efficacious ways.

Lastly, this research also lends support to approaches that advocate for investing in neighborhoods and building opportunity through an intergenerational, or a two-generation, framework. Focusing on creating an intergenerational cycle of opportunity has the potential to improve and multiply the caregiving capacity of place. In addition to focusing on youth, providing specific opportunities for parents such as employment and job training, health and mental health services, policies that support their residential stability and access to child care, can increase the sources of care and decrease the instability and uncertainty that children experience. In addition to viewing neighborhood change through multiple points of investment, intergenerational approaches highlight the importance of conceptualizing the relationship between place and young people's life prospects as a spatial and temporal process of mobility. If parents and their children continue to stay within disinvested neighborhoods, and are stuck in places that continue to weaken their prospects of upward socioeconomic mobility, then not only are urban

policies not effective but they are creating a persistent and growing class of people that remain unable to reach better life opportunities because of their zipcode.

## Appendix

### **A: “Who’s Who”**

The following individuals appear throughout the book. Many others, who I interacted with and who lent their time and shared their voices are unlisted here but present as part of the overall project and analysis.

#### **Youth at the CC**

<b>Elementary School</b> (River Oaks, Roberts)	<b>Middle School</b> (Xavier, Sanchez)	<b>High School</b> (Marshall)
<ul style="list-style-type: none"><li>• Rita</li><li>• Charles</li><li>• Jay</li><li>• Desiree</li><li>• Sherrie</li><li>• Tay</li><li>• Kayla</li><li>• Mya</li><li>• Manuel</li><li>• Lisa</li><li>• Paloma</li><li>• Leo</li><li>• Ray</li><li>• Joe</li></ul>	<ul style="list-style-type: none"><li>• Eddie</li><li>• Angie</li><li>• Cielo</li><li>• Matt</li><li>• Pablo</li><li>• Bianca</li><li>• Erica</li><li>• Izzy</li><li>• Tina</li><li>• Hallie</li><li>• David</li><li>• Dwayne</li><li>• Kimberly</li><li>• Khloe</li><li>• Felipe</li><li>• Santiago</li><li>• Elysa</li><li>• Andre</li><li>• Aisha</li><li>• Pete</li><li>• Bianca</li><li>• Javier</li><li>• Mary</li></ul>	<ul style="list-style-type: none"><li>• Mario</li><li>• Selena</li><li>• Anna</li><li>• Sierra</li><li>• Luis</li><li>• Candice</li><li>• Jess</li><li>• Cody</li><li>• Antonia</li><li>• Jocelyn</li><li>• Cami</li><li>• Julia</li><li>• Tony</li><li>• Alexis</li><li>• Raquel</li><li>• Janet</li><li>• Nelson</li><li>• Brandon</li><li>• Chris</li></ul>



<p>*8 Hispanic/Latino, 4 African American, 1 Biracial, 1 Asian American</p>	<ul style="list-style-type: none"> <li>• Pete</li> <li>• Dylan</li> <li>• Tim</li> </ul> <p>*16 Hispanic/Latino, 6 African American, 2 Bi-racial, 1 Armenian, 1 Asian</p>	<p>*14 Hispanic/Latino, 5 African American</p>
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Women (Mothers) at the CC
<ul style="list-style-type: none"> <li>• Ms Sofi</li> <li>• MJ</li> <li>• Ms Garcia</li> <li>• Ms Marlana</li> <li>• Stephanie</li> <li>• Ann</li> <li>• Ms Davis</li> <li>• Mrs. Naomi</li> </ul> <p>*5 Hispanic/Latin, 3 African American</p>

Staff at SmartKids
<ul style="list-style-type: none"> <li>• Ms Grace</li> <li>• Ms Abby</li> <li>• Ms Christine</li> <li>• Ms Hannah</li> <li>• Ms Kallie</li> <li>• Ms Kourtney</li> <li>• Mr. Powell</li> </ul>

*6 White, 1 Black
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<b>Staff at The BG: Boys and Girls Club.</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• Ms Sandy</li></ul> |
|--|

*1 African American
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<b>Students at Marshall High</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• Stephen</li><li>• Raul</li><li>• Vanessa</li><li>• Lucinda</li><li>• Raquel</li><li>• Janet</li><li>• Nelson</li><li>• Benny</li><li>• Chris</li></ul> |
|--|

*7 Hispanic/Latino, 2 African American, [some of the students at Marshall High also live at the CC, while others live nearby].
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<b>Housing Staff</b>
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- |   |
|---|
| <ul style="list-style-type: none"><li>• Ms Nicole</li></ul> |
|---|

\*1 Hispanic/Latino

### **The Teachers and Staff at Marshall High**

- Mr. Ely
- Mr. Walker
- Ms Munoz
- Mr. Malone
- Ms Brooks
- Ms Paige
- Mr. Williams

\*4 White, 2 African American, 1 Hispanic/Latino

## **B: Attachment: Distress and the Production of Anxious Selves**

Arianna: “This is why I don’t want to be a teacher, because I’m not smart.”

Mr. Ely: “What makes you think that?”

Arianna: “Because.”

Mr. Ely: “Who told you that?”

Arianna: “Me.”

Mr. Ely: “What makes you think that?”

Arianna: “**Because.**”

Living in a marginalized neighborhood, and within a landscape that is produced by and creates care imbalances, means being more likely to encounter crime and violence, experience traumatic events, witness high-risk activities, and live among physical and mental health deficits (Sampson 2012; Newburger 2011; Brooks-Gunn 1993, 1997). Being in a neighborhood where social cohesion is perceived to be low and/or neighborhood disorder is viewed as high (i.e., there is higher mistrust and fear of violence or victimization) is linked to greater rates of mental distress, anxiety, and post-traumatic stress disorder (Sampson and Morenoff 2002; Ross and Mirowsky 2001).<sup>73</sup>

Being in the CC, a neighborhood which residents also perceive as a place where violence feels possible at any time and where people cannot be trusted, can increase and maintain mental distress. Many kids at the CC have experienced early or ongoing forms of childhood trauma (e.g., witnessing domestic or school or community violence, being victims of physical/sexual abuse, experiencing traumatic grief or another’s suicide). They

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<sup>73</sup> Perceptions of neighborhood disorder and community cohesion are related to PTSD symptoms after controlling for trauma exposure (Gapen et al. 2011).

also live within a landscape where the possibility of a traumatic disruptions are likely, and so is hearing about trauma that happened to close friends and family members.<sup>74</sup>

Calling such a landscape one of a crisis ordinariness (Berlant 2007) is not an effort to downgrade the experience or prevalence of trauma. It is instead an attempt to 1) call attention to how isolated traumatic events can be integrated with everyday forms of stress such that traumatic distress is experienced as regularly occurring and expected—an ordinary state of being; and 2) highlight that this situation is not limited in duration or scale, unlike a crisis that is bounded (temporally or spatially) and that passes. But rather, living with such disruptions is often experienced as “a defining fact of life for a given population that lives it as a fact in ordinary time” (Berlant 2007, 760). Marginalized landscapes that are produced by *care imbalances* can contribute to the creation of places where trauma and chronic stress is experienced as an ordinary crisis.

Being within a landscape where traumatic stress is ordinary can create a distressed understanding of a world perceived as less just, less predictable, and less caring. Those who do not perceive the world as benevolent and caring and view themselves as failing to meet societal standards of worth, have diminished protection against distress and ability to cope with threats, alongside a heightened perception of threats and anxiety (Janoff-

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<sup>74</sup> Trauma is often defined as an event that causes physical, emotional, or psychological distress or harm; that is perceived and experienced as a threat to one’s safety or security; and that overwhelms one’s capacity to cope. It is not, as is oft explained, the severity of the event that defines a stressful experience as traumatic, but rather the internal experience of it (Janoff-Bulman 2006). Additionally, the level at which trauma is experienced and felt can be mitigated by the support structures around a person and other factors that build resilience, such as developing a new sense of self.

Bulman 2010, 1989; Van der Kolk 1985). Interacting within such an environment can lead to self-appraisals as less capable of getting support, less in control of one's life, and less able to reach one's desired goals or desired self (Brewin 2003; Caruth 2010, 1995). Situations that threaten positive self-perceptions or that confirm the existence of an unwanted or feared self, create vulnerabilities of self-efficacy, self-esteem, and self-confidence.

Developing an insecure attachment to an unstable and volatile landscape also produces threats that can weaken the self. Attachment-related experiences can also erode the positive sense of self and create affective mindsets that make it harder to buffer against anxiety, and leave one prone to internalizing anxiety and self-doubt and perceiving the world as uncaring and hostile. Experiencing inconsistent caregiving that is rejecting and abandoning, one can, as when facing traumatic encounters, develop a belief that the Other—in this case as both people and places—is *abandoning* and likely to deliver losses and rejection, and wrestle with perceiving oneself as *inferior* and/or *futureless* (loss of future hopes, of investment in future/desired plans; limited expectations about life). Brewin (2003) suggests that these perceptions of self and world are particularly vulnerable because they create distressed modes of making sense of one's experiences and increase one's susceptibility to anxiety and intrusive negative thoughts.

The argument, therefore, is that by examining place through attachment theory and research on trauma, it becomes clearer how the everyday experience of a marginalized and stigmatized neighborhood can produce multiple risk factors which rupture the belief in a caring and reassuring world and in a confident and efficacious self.

These risks include difficulty coping with stress, vulnerabilities related to perceiving oneself as worthy and socially valued, and heightened beliefs that one may be unable to achieve one's desired goals or become an idealized self. An inconsistent and rejecting landscape of care can become experienced and attached to in a way that produces ontological assaults that are left unrepaired.

Experiencing self-relevant threats that exceed one's ability to cope, can also generate states of anxiety and hyper- or hypoarousal, and elicit responses such as withdrawing, disengaging from, or devaluing the stressor (Schoore 2003a). When situations push one outside of one's "window of tolerance" and create a mode of distancing oneself from the source of threat, then you are not able to learn thoroughly from the experience (Aldwin 2007; Caruth 1995). Such an overwhelming and painful mode of coping creates barriers against processing the affective experience. Oftentimes this means that one is suppressing aspects of the experience or not skillfully or fully integrating these experiences in ways that provide one with the reflective ability to understand it, and to then put it into general perspective (Kobak et al. 1994).

Instances of a subject's not caring, getting enraged and sullen, withdrawing and dis-identifying from judgements that assess self-worth or preoccupation with fear that support will be abandoning are signals that what is happening and how the person is reacting may be overwhelming in ways that distance him or her from processing the experience. They are forming lasting emotions and mindsets, but these experiences may be disconnected from the events and affects that produced them. As a result of distancing from these self-threats, while still internalizing the negative experiences and appraisals,

the factors that produced these vulnerable perceptions of self are not fully accessible. The rationale for this vulnerability becomes “missing” from one’s self-analysis.

Similar to how experiences of trauma and attachment-related experiences with caregivers become “shut away from further conscious processing” (Kobak et al. 2016; Kobak et al. 1994), the assertion here is that attachments to place may also produce similar effects. Feelings and experiences produced out of insecure attachment to place, particularly those in response to threats to self, may also be suppressed or distanced. If we learn about who we are from where we come from and why, then telling a story of self within the context of place stigma, shame, and care imbalances may produce fragile narratives of self. Narrating oneself through an insecure relationship to an unstable and stigmatized place may shape perceptions of self that do not fully integrate both traumatic and attachment-related experiences such that negative aspects of self may seem to “just be.” Such narratives of self through place may therefore be both incomplete and in a state of ordinary crisis.

Insecure attachments to place may thus operate, along with other risks factors, to shape perceptions of self that internalize negative affects, but that do so in ways that disconnect these perceptions from the experiences that produced them. While these arguments are primarily conceptual, there may be specific pathways of risk associated with insecure attachments to place. These pathways, drawing on vulnerabilities shaped by insecure attachments to caregivers and risks associated with neighborhood-level effects, as well as those related to exposure to trauma and/or traumatic stress (particularly childhood and neighborhood trauma), may relate to the conceptual arguments in the



following ways. Taking these assertions as given, then,

- 1) Attachments to place create a specific set of stressors that function alongside other risky pathways to compound the threats to self that children in poor, marginalized landscapes face. Secure to insecure attachments to place, directly or as a moderator, influence factors such as children's perception of neighborhood risks and related anxiety, beliefs about neighborhood-level support (i.e., ability to be cared for and about by the people and places around them) as caring or abandoning, community to generalized prosocial orientation, sense of self-efficacy about receiving support, and perceptions of self-worth and sense of positive or feared/unwanted identities, particularly in instances where one's neighborhood and/or the life outcomes are highly stigmatized.
- 2) Having an insecure attachment to a stigmatized landscape as a place that is shaped by stigmatized representation and/or one wherein life outcomes are hierarchical and stigmatized in relation to social or place-based identities (e.g., good kids and ghetto kids) can produce negative affects or self-perceptions that are suppressed or cognitively disconnected from the attachment related feelings and experiences that produced them. There are thus potential instances where insecure attachments to place exist but whose attachment-related behaviors are not connected with factors that are influencing negative/anxious perceptions of self or contributing to disengaging behaviors and coping strategies. This can include: attachment-related coping behaviors that are not being realized as such, withdrawal from seeking support, avoidance of neighborhood spaces, and

anxiety about interacting in new environments; or more general behaviors and affects that may also be shaped via an insecure attachment such as disengagement from seeking support or from social status competitions, particularly those wherein stigmatized identities become influential, perceptions of self-efficacy in relation to being cared for/about, and beliefs of self-worth in general or in relation to desired place-based identities. In this way, attachment to place may be a factor that, alongside others, heightens the risk of suppressing (via unconscious distancing or the use of coping mechanisms such as withdrawal or disengagement) experiences that produce threats to self, in ways whereby the resulting affects and mindsets become fragily incorporated into one's perception of self.

- 3) Insecure attachments to place may, therefore, in relation to the above factors, be associated with risks of negative, internalizing perceptions of a self through place, such as lowered perception of self-efficacy especially in relation to accessing or being deserving of support; doubtful perceptions of self-confidence and self-worth, particularly as measured against valued social identities; sense of social acceptability and value; anxiety, generalized anxiety and related internalizing symptoms. These views of self through place, however, may also be sparse and disconnected from attachment related feelings.<sup>75</sup>

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<sup>75</sup> [Back to Chapter 8 section](#)

## **C: Place Indicators – Caregiving, Attachment, and Stigma Scales**

### **Place Stigma**

- My neighborhood has a bad reputation
- I receive negative messages about my future because of where I live
- I feel less valued because of where I live
- I feel negatively judged because of where I live
- Other people have made me feel ashamed of myself because of where I live
- People have criticized me because of where I live

### **Internalized Place Stigma**

- I feel ashamed about myself because of where I live
- I hide where I live from others
- I do not feel bad about myself because of where I live
- I worry about telling people where I live because of what they might think about me
- I feel ashamed when I am compared to other people that live near me
- Living in my neighborhood makes me feel like I am a failure
- My positive attitude about myself comes from living in my neighborhood
- I feel like I do not have much to be proud of because of where I live

### **Place and Self-Worth\***

- Being compared to kids from other neighborhoods raises my sense of self-esteem  
//Being compared to kids from my neighborhood lowers my sense of self-esteem
- I feel confident about myself because of where I live
- I feel valued because of where I live
- I feel bad about myself whenever my performance is the same as everyone else around here // My self-esteem would suffer if I was told I was just like everyone else around here
- My opinion about myself is (isn't) tied to what people think about my neighborhood and the people in it
- I couldn't respect myself if I didn't make it out of my neighborhood
- My self-worth is not influenced by the association with my neighborhood
- Sometimes I feel like I am being talked down to because of where I live
- I am as smart as other people, even though I live in my neighborhood
- I would be more valued (and praised) if I lived somewhere else // I feel like people would value me more if I lived in another neighborhood
- People would think I was smarter/more capable if I lived somewhere else

- I feel that I am a person of worth, on equal plane to children that live in other neighborhoods

\*General self-worth scales could be administered alongside perceptions of place scales as well as of exposure to and internalization of place stigma measures to examine correlations.

#### **Place and support/caregiving capacity**

- I can consistently access support from the places around me
- I feel like I can count on my neighborhood to support me if I need help
- I receive as much support and care as children that live in other neighborhoods
- I feel like the places around me may suddenly stop providing me with support
- I am angry about not being able to get help from the places around me
- I have not had any trouble getting help and care from the places around me
- My neighborhood offers reliable support
- When I am confronted with a problem, I can usually find support from several places around me

#### **Place and Self-Efficacy**

- If I am in trouble, I can usually find help from the places around me

- If I am in a new place, I am confident that I could deal efficiently with unexpected events
- I am confident that I could turn to the places around me for support that would help me accomplish my goals
- If I invest the necessary effort, I can get help from my surroundings when I need it
- If some place denies me help, I can find the means and ways to get help somewhere else
- Thanks to my resourcefulness, I can secure support from my surroundings
- If I am in a place that is hostile, I can remain calm because I can rely on my coping abilities // If I am in a place that is hostile, I usually find ways to reach out for support
- Thanks to my resourcefulness, I know how to handle being in places that are unwelcoming and unsupportive
- If I am in a new environment, and ask for help, I believe that I will receive support

\*Generalized Self-Efficacy Scales could also be used and examined in relation to place-based factors above or with perceptions of neighborhoods as secure to volatile/unstable.

**Generalized assumptions of place and care - justice, benevolence, chance/fixity**

- Most places (neighborhoods) are naturally unsupportive and uncaring
- Most places (neighborhoods) are helpful and kind
- Places (neighborhoods) usually support and care for their residents
  
- Good people can usually get help and support from the places around them //
- When people are in trouble, they can usually get help and support from the places around them.
- Generally, most places provide support to people who are good
- By and large, good people end up in good places
- The good things that can happen to you because of where you live far outnumber the bad
  
- Bad events are distributed to different places at random
- The course of our lives is largely determined by where we grow up
- Life is too full of uncertainties that are determined by where you live
  
- The world is full of good places
- The number of good places to live far outnumber the bad

- There are more places that are supportive and helpful than there are bad
- If you look closely enough you will see that most places are caring and supportive

Scales adapted from:

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